

H3496  
3. A22  
1997/98  
pt. 1  
Copy 1

504

# South Carolina Department of Health and Environmental Control



South Carolina Department of Health  
and Environmental Control

RECEIVED  
OCT 16 1998  
Budget & Control Board  
OFFICE OF STATE BUDGET

## Fiscal Year 1997-1998 Annual Accountability Report

October 16, 1998

S. C. STATE LIBRARY

DEC 17 1998

STATE DOCUMENTS



2600 Bull Street  
Columbia, SC 29201-1708

COMMISSIONER:  
Douglas E. Bryant

BOARD:  
John H. Burriss  
Chairman

William M. Hull, Jr., MD  
Vice Chairman

Roger Leaks, Jr.  
Secretary

Mark B. Kent

Cyndi C. Mosteller

Brian K. Smith

Rodney L. Grandy

RECEIVED

OCT 16 1998

Budget & Control Board  
OFFICE OF STATE BUDGET

TRANSMITTAL MESSAGE

October 16, 1998

Mr. Les Boles  
Director, Office of State Budget  
1122 Lady Street, 12th Floor  
Columbia, SC 29201

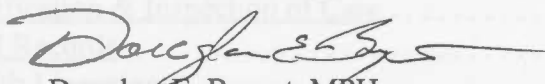
Dear Mr. Boles:

I am pleased to submit the Fiscal Year 1997 - 1998 Accountability Report for the South Carolina Department of Health and Environmental Control (DHEC). This report is a summary of our accomplishments as they relate to the mission of promoting and protecting the health of the public and the environment of South Carolina.

Our mission statement was developed as part of our Strategic Plan (August 1995). A group of our staff were chosen from every area of the department to develop the draft plan that was adopted by the Executive Management Team and the Board. The objectives and performance measures were developed by each program area using the "Planning for Effective Management Planning Guide" developed by DHEC in January of 1990. We have been using this type of standardized planning process in the Department since the late 1960's and feel we do an excellent job with measuring performance of processes and outcomes. Further indication of performance can be found in the "Quality of the Environment in South Carolina" (April 1998) and "The Health of South Carolinians" (April 1998).

Should you have any questions or need additional information please feel free to call Darbi MacPhail in the Office of Planning at 734-4975.

Sincerely,

  
Douglas E. Bryant, MPH  
Commissioner

<b>Transmittal Message</b> .....	<i>i</i>
<b>Executive Summary</b> .....	1
<b>Mission Statement</b> .....	3
<b>Overall Agency Section: Leadership System, Customer Focus, and Business Results</b> .....	4
 <b>Description of Programs in Priority Order</b>	
1. <u>Water Supply</u> .....	7
2. <u>Water Pollution Control</u> .....	10
3. <u>Infectious Disease Prevention</u> .....	13
Disease Surveillance & Investigation	
General Sanitation	
Immunization & Prevention	
Tuberculosis Control	
4. <u>Food &amp; Drug Safety</u> .....	21
Food Protection	
Drug Control	
5. <u>Access to Care</u> .....	24
Minority Health	
Primary Care	
Public Health Districts	
6. <u>Maternal / Child Health</u> .....	29
Child Health	
Family Planning	
Maternal / Child Health Epidemiology	
Prenatal Care	
Women, Infants, Children	
7. <u>Chronic Disease Prevention</u> .....	36
Cancer Prevention / Control	
Cardiovascular Health	
Chronic Disease Epidemiology	
Tobacco Prevention	
8. <u>Air Quality Improvement</u> .....	42
9. <u>Solid &amp; Hazardous Waste</u> .....	45
10. <u>Wastewater</u> .....	50
11. <u>STD/HIV Control</u> .....	52
12. <u>Health Laboratory</u> .....	54
13. <u>Certification &amp; Inspection of Care</u> .....	57
14. <u>Vital Records</u> .....	60
15. <u>Health Licensing</u> .....	62
16. <u>Independent Living</u> .....	64
BabyNet	
Children's Rehabilitative Services	
CLTC / Personal Care Aides	
Home Health Services	

17.	<u>Emergency Medical Services</u> .....	73
18.	<u>Health Hazard Evaluation</u> .....	75
19.	<u>Coastal Resource Management</u> .....	80
20.	<u>Health Facilities and Services Development</u> .....	83
21.	<u>Radiological Monitoring</u> .....	85
22.	<u>Underground Storage Tanks</u> .....	87
23.	<u>Waste Minimization</u> .....	89
24.	<u>Recreational Waters</u> .....	90
25.	<u>Hearing Aid Board</u> .....	91
26.	<u>Tanning Facilities</u> .....	92
27.	<u>Rape Violence Prevention</u> .....	93



## EXECUTIVE SUMMARY

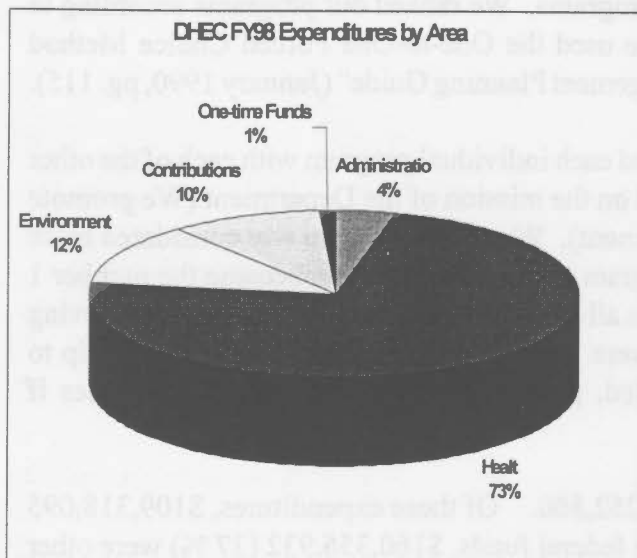
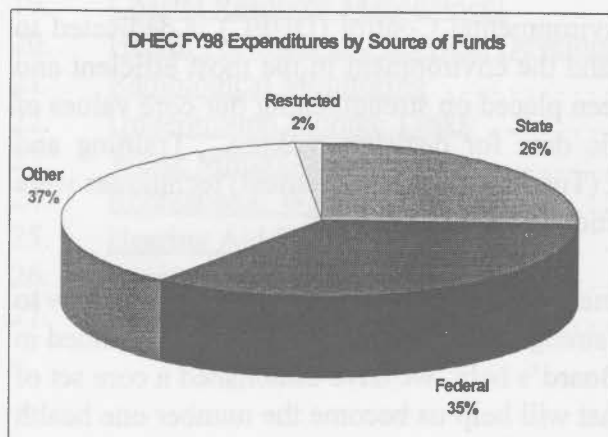
The South Carolina Department of Health and Environmental Control (DHEC) is dedicated to promoting and protecting the health of the public and the environment in the most efficient and effective manner. A great deal of emphasis has been placed on strengthening our core values of customer service, teamwork, and use of scientific data for decision making. Training and implementation of Fourth Generation Management (Total Quality Management) techniques were also emphasized, particularly in the regulatory functions of the department.

With participation from our Board and top management, we continually exchange ideas on how to improve the core values and lay the groundwork to strengthen the three core visions as outlined in the August 1995 Strategic Plan. Along with the Board's help, we have established a core set of performance measures for the entire Department, that will help us become the number one health and environmental agency in the nation. A copy of these performance measures is available on request.

This report includes a summary section which discusses DHEC's leadership system, customer focus, and business results. More details on each program's leadership system, customer focus, and business results are available on request. The next section of the report details the goals, objectives, and performance measures for each of our FY98 programs. We ranked our programs according to our mission, based on our budget structure. We used the One-to-One Forced Choice Method identified in DHEC's "Planning for Effective Management Planning Guide" (January 1990, pg. 115).

The Executive Management Team (EMT) compared each individual program with each of the other programs, one at a time. We compared each based on the mission of the Department (We promote and protect the health of the public and the environment). When one program was considered more vital to the mission, it received a point. The program with the most points became the number 1 priority. This was an extremely difficult process, as all of our programs are important for achieving the mission. Some of the many criteria which were used include the following: relationship to public health mission, number of people impacted, preventive in nature, and consequences if omitted.

For FY98, DHEC's total expenditures were \$426,252,860. Of these expenditures, \$109,318,095 (26%) were state funds, \$149,287,307 (35%) were federal funds, \$160,356,932 (37 %) were other funds, and \$7,290,527 (2%) were restricted funds. A summary of expenditures follows:



Administration	
Administration	\$16,303,989
*TQM Special Item	\$8,228
<b>Total</b>	<b>\$16,312,217</b>
Programs and Services	
1 Water Supply	\$2,502,832
2 Water Pollution Control	\$18,220,395
3 Infectious Disease Prevention	\$10,205,922
4 Food & Drug Safety	\$3,755,684
5 Access to Care	\$60,096,179
6 Maternal / Child Health	\$114,031,898
*Comp. Health Assmt (\$78,790)	
7 Chronic Disease Prevention	\$5,530,104
8 Air Quality Improvement	\$7,947,204
9 Solid & Hazardous Waste	\$15,953,451
10 Wastewater	\$1,110,349
11 STD/HIV Control	\$16,840,948
12 Health Laboratory	\$2,421,158
13 Certification & Inspection of Care	\$2,943,317
14 Vital Records	\$2,522,997
15 Health Licensing	\$1,621,526
16 Independent Living	\$82,866,655
17 Emergency Medical Services	\$2,239,963
18 Health Hazard Evaluation	\$541,112
19 Coastal Zone Management	\$4,538,912
20 Health Facilities and Services Devpmt	\$987,474
21 Radiological Monitoring	\$1,032,835
22 Underground Storage Tanks	\$2,545,575
23 Waste Minimization	\$174,954
24 Recreational Waters	\$411,523
25 Hearing Aid Board	\$821
26 Tanning Facilities	\$117,856
27 Rape Violence Prevention	\$1,204,233
<b>Total</b>	<b>\$362,365,880</b>
Contributions & One-time Funds	
State Employer Contributions	\$42,984,618
Immunizations - Replace Federal Funds	\$161,108
Immunizations - Replace Federal Funds	\$98,269
EQC Permit Process	\$309,391
One Stop Permitting	\$347,415
Abbeville Human Svcs Building	\$70,000
Beach Renourishment	\$3,603,963
<b>Total</b>	<b>\$47,574,763</b>
<b>Grand Total</b>	<b>\$426,252,860</b>

\* Non-recurring Funds

## Mission Statement

We promote and protect the health of the public and the environment.

### Values:

**Customer Service:** Meeting or exceeding customers' identified needs and expectations with quality service.

**Teamwork:** Working together to make decisions and reach common goals.

**Use of Applied Scientific Knowledge for Decision Making:** Using rational methods and scientific knowledge to guide our professional judgments.

### Visions:

**Cultural Competence:** Become culturally competent by recognizing, respecting, and valuing different cultures in order to provide effective services to all our customers.

**Excellence in Government:** Be quality-focused and customer-driven.

**Local Solutions to Local Problems:** Cooperate and collaborate within our agency and with local resources to develop healthy communities.

## Authority

The Department of Health and Environmental Control (DHEC) was created in 1973 by the General Assembly through Reorganization Plan Number Ten which reunited the State Board of Health (created in 1878) and the Pollution Control Authority. DHEC is the sole advisor to the State in matters pertaining to the public health and has the authority to abate, control and prevent pollution. Statutory authority is primarily provided in Titles 44 and 48 of the S. C. Code, 1976. Act 181 of 1993 restructured many agencies within state government. The environmental regulatory functions of Land and Water Resources and the entire agency of Coastal Council were placed in DHEC.

DHEC is under the supervision of the Board of Health and Environmental Control, which has seven members, one from each congressional district and one at large, who are appointed by the Governor with the advice and consent of the Senate. The Board is empowered to make, adopt, promulgate and enforce reasonable rules and regulations for the promotion of the public health and the abatement, control and prevention of pollution.

## Leadership System, Customer Focus, and Business Results

### Leadership System

The foundation for the current leadership system was created with the massive restructuring of state government in South Carolina initiated in 1993. Clearer expectations about performance, mission, goals and objectives were established by the Legislative and Executive Branches that have created much of the improvements in state government and in this department that exist today.

In the Department of Health and Environmental Control (DHEC), there was a clear message that the placement of all environmental regulatory functions in DHEC implied streamlined processes for business and industry to operate in the state, without any sacrifice for the quality of the environment. Working in partnership with business and industry to arrive at reasonable and protective revisions to regulations would be the norm. Likewise, a stronger partnership with the medical system also became an expectation because of the successes achieved in the partnerships with the children's immunization initiative.

The Board, led by Chairman John H. Burris, developed their expectations by focusing on four (4) major objectives which guide the Commissioner and staff. These four (4) objectives are:

1. restructure Agency to achieve maximum efficiency and responsiveness,
2. streamline regulatory process,
3. improve customer service, becoming more "user friendly"
4. improve overall image of the Agency.

These major Board objectives have received full attention by the members of the Board. They insist that staff follow through in accomplishing the objectives each year including a formal reporting of results.

The Commissioner mandated that staff develop and implement a strategic planning process that was inclusive of the Board concepts and would strengthen the department's ability to meet new Legislative and Executive Branch expectations. This effort resulted in the development of the DHEC Strategic Plan in August of 1995. The plan specified a clear direction for each employee in DHEC by defining mission, values, visions and critical issues we were to address in the next five (5) years. Each strategic business unit (SBU) developed a long range plan that contains the specificity for staff in that SBU. Reports are generated from SBUs routinely and contain performance measures that give management an indication of how we are doing. Also, by sharing success stories in publications and at retreats, repeatability across areas in the department has been achieved.

Leadership starts at the top and the Board, Commissioner and his Executive Management Team have set the example for the staff of the department. An example of leadership from the Board Oversight Committee this year was that all employees (regular, hourly, and per visit) receive customer service training within the first 30 days of employment. Staff have developed customized customer service training for the different types of employees at all levels throughout the department to meet this mandate.



Also this year, the Commissioner and Executive Management Team started a comprehensive leadership and management development training program so they could learn and apply current state-of-the-art techniques in their positions and be able to set a good example for all employees. This learning experience will be continued into the next fiscal year.

Other leadership learning opportunities are available to staff through our Office of Quality Management, the state's Center for Continuing Education and Quality and from numerous private organizations. Top management views training as an investment in their major asset – their people. This results in encouraging DHEC to be a learning organization that constantly improves the services it provides to the citizens of South Carolina.

Overall performance of the department is routinely monitored by the Board, Commissioner and the Executive Management Team. Some of the best examples include the Board Oversight Committee's Performance Measure Plan. Each major unit has specific performance measures including strategies and goals with a periodic written and verbal reporting requirement to the Board Committee. Another example is quarterly budget reviews by the Commissioner and the Executive Management Team along with annual reports (both verbal and written) for each Strategic Business Unit concerning progress in achieving long range plans that would relate to the values, visions and critical issues set forth in the Strategic Plan. If benchmarks in any of the examples are not achieved, a plan of corrective action is developed, approved and implemented.

The Board objectives and Agency Strategic Plan have laid the foundation for everything we do in the department. Development of strategies, making changes, developing new programs or modifying existing programs are not done without a "reality check" with our mission, values and visions. We simply try to use the principles to guide us in each decision that is made, not just at top levels but throughout the organization.

### **Customer Focus and Satisfaction**

Because of the diversity of the types of services provided by staff in the department, through its environmental and health programs, we have everyone as a customer. Our mission (promoting and protecting the health of the public and the environment) indicates the broad and complex responsibilities we must shoulder. As one of our three (3) core values in the Strategic Plan, customer service is taken seriously. Each business unit is expected not only to survey their particular customer group but to also use that customer feedback to reshape and refocus what the unit does based on customer input. We are also developing a generic feedback mechanism for general customer satisfaction for use at the Executive and Board levels.

With the creation of the Board objectives and the value-customer services in the Agency Strategic Plan, our customers (the public) assumed a new position of power and influence in DHEC. An example is directly involving the regulated community and "watchdog" environmental groups in the wholesale re-engineering of all environmental regulations. Another example is the use of customer feedback cards for people who receive services in the county health departments along with using the data from those cards to modify and track improvement. The most recent example has been holding a series of "public forums" around the state that has allowed anyone to bring any issues to the Executive Management Team. These forums have been held in the early evening and have lasted

as late as midnight. Some very thoughtful comments and suggestions have been made that we intend to act upon. These forums have been so helpful that we intend to extend them into the next fiscal year. These examples are a few of the ways we think we are proactively addressing customer needs and concerns.

We cannot continue to improve services to customers without additional training. The Board has mandated that every current employee receive customer service training and that all (regardless of type) new employees receive customer service training within their first 30 days of employment. There is a clear message that the customers are important and are to be taken seriously.

For some years, the Agency has had a Compliments/Complaints form that is to be completed at the point of contact and assessment and sign-offs at the highest level in that Strategic Business Unit. Also, copies of these reports are sent to the Office of Quality Management where summary data is compiled for review by the Commissioner and the Executive Management Team. The coordination of the data from customer input data long with the results of the Compliments/Complaints forms data and other planned opportunities like public meetings provide significant information for reengineering of processes and systems. Also, performance measurement plays a significant role in determining if we are "doing things right and doing the right things".

### Business Results

As mentioned earlier, the Board, Commissioner and Executive Management Team use specific performance indicators with bench marking goals which are as follows:

- **Customer Service Indicators:** Permitting Program, Home Health Care Services, Health Districts, and Health Regulation.
- **Health Key Indicators:** Pediatric Partnerships, Medicaid Children visiting Primary Care Providers, Women entering Prenatal Care during 1<sup>st</sup> Trimester, Teenage Pregnancy Rate, Tuberculosis Cases, Immunizations, HIV Infections, Mammograms, Regulated Food Facilities & Number of Inspectors, and Unannounced Inspections.
- **Environmental Key Indicators:** Population living in areas that meet Air Quality Standards, Air Compliance Rates - Industrial Sources, Percent of Beaches that fully meet Access Guidelines, Miles of Dry Sand Beach, Toxic Release Inventory - Production Waste Generated, Toxic Release Inventory - Pounds per Facility, Percentage of Total Solid Waste Recycled in South Carolina, Percent of Surface Waters that Support Aquatic Life / Swimmable, Shellfish Growing Waters, Water System Compliance, and Community Water System Compliance.
- **Administrative Performance Measures:** Percent Administrative Expenditures, Administrative FTEs per \$10M in Total Expenditures, and Employee Turnover.

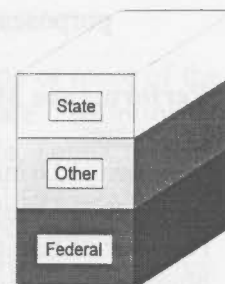
Each of these measures is tracked on an on-going basis through charts and graphs. For each performance measure we have set an aggressive goal. At the end of each year, these measures are re-visited and a clear understanding of progress toward the goals is reached.

**Program Name: Water Supply**

Priority Ranking: 1

Percent Expenditures

Water Supply								
	Total		State		Federal		Other	
Personal Services	\$1,932,837	100%	\$605,824	31.3%	\$808,409	41.8%	\$518,604	26.8%
Operating	\$569,996	100%	\$137,597	24.1%	\$129,457	22.7%	\$302,942	53.1%
<b>Total</b>	<b>\$2,502,832</b>	<b>100%</b>	<b>\$743,421</b>	<b>29.7%</b>	<b>\$937,866</b>	<b>37.5%</b>	<b>\$821,546</b>	<b>32.8%</b>

**Program Goals:**

1. To prevent the outbreak of waterborne diseases such as hepatitis, typhoid, paratyphoid, dysentery, leptospirosis, cholera, cryptosporidiosis and others resulting from the ingestion of water from the public water systems in the State;
2. To prevent the public's exposure to chemical contaminants in public drinking water systems;
3. To conserve and protect the groundwater resources of the State, and to provide and maintain conditions conducive to the development and use of the groundwater resources;
4. To collect, compile, and disseminate water use information important for planning the use of the state's water resources;
5. To prevent the contamination of an aquifer which would create a significant hazard health;
6. To protect existing and projected uses (agricultural, municipal, industrial, assimilative needs) of the state's rivers and streams; and
7. To ensure the scientific validity, quality, and legal defensibility of data being generated for compliance with the monitoring requirements of the State Safe Drinking Water Act.

**Program Objectives:**

1. To ensure that new public water systems and the extensions or modifications to existing public water systems are designed and constructed in accordance with standards;
2. To ensure the proper operation and maintenance of the public water systems in the State;
3. To monitor and evaluate the quality of the drinking water through a comprehensive water quality testing program;
4. To ensure that all wells are installed and constructed in accordance with the minimum standards to protect public health and the quality of groundwater aquifers.
5. To ensure that groundwater contamination from unregulated activities are addressed and effective remediation completed to help minimize any adverse impact to aquifers;
6. To ensure that the quantity of water withdrawn is reasonable for its intended use;
7. To negotiate interstate agreements where competition for water has threatened to impair the general welfare and economic interest of the State;
8. To establish an accurate inventory of water use in the State;
9. To ensure that underground injection wells are designed, constructed, operated and maintained in accordance with established standards;
10. The overall objective of the Interbasin Transfer Act is to protect important established water uses and to promote an adequate water supply for the State through proactive water resources planning and analysis of a number of factors. Specific objectives are to promote efficiency and water conservation; assessment of engineering and economic alternatives for supplying water; evaluate impacts of a proposed transfer on state and local units of government; and determine impacts of interbasin transfers on navigation, hydropower generation, fish and wildlife habitat, aesthetics and recreation; and

11. To ensure that all laboratories submitting data to the Department for compliance monitoring purposes meet minimum performance standards.

**Performance Measures:**Outcomes:

Number of Drinking Water Applications received: 1,431

Number of Drinking Water Permits issued : 1,331

Number of Sanitary Surveys conducted: 1,392

Number of Public Drinking Water Samples collected and analyzed for Bacteriological Contaminants: 8,945

Number of Public Drinking Water Samples collected and analyzed for Chemical Contaminants: 114,954

Number of Private Well Samples analyzed for Bacteriological Contaminants: 5850

Number of Private Well Samples analyzed for Chemical Contaminants: 1637

Number of Contaminated Site Evaluations reviewed: 1059

Number of Corrective Action Plans approved: 49

Number of Capacity Use Permit Applications received: 29

Number of Capacity Use Permits issued: 44

Number of meetings held to negotiate an interstate agreement with the State of Georgia: 3

Number of Quarterly (non-irrigation) Water Use Reports received: 1,170

Number of Annual (irrigation) Water Use Reports received: 260

Number of Underground Injection Control Permits issued: 56 (730 wells)

Number of Underground Injection Control Sites inspected: 41 (559 wells)

Number of Interbasin Transfer Permit Applications received: 0

Number of Interbasin Transfer Permits issued: 0

Outcomes:

1,348 out of 1,354 permit applications decisions were made within 45 days of receipt.

During FY98, non-compliance with operation, maintenance, routine monitoring and reporting water quality requirements, and minimum well construction standards resulted in 153 enforcement referrals. Forty-eight orders were issued with \$151,514 in penalties assessed. All water systems for which the program conducted monitoring were in compliance with monitoring and reporting requirements. All systems for which the Department conducted monitoring and reporting were in compliance. 99% of public systems meet requirements. Annual fees have been collected since FY 94 from public systems for monitoring services, technical assistance, and program administration. Fee collection rates exceed 98%. The program reviews permit applications for the construction of injection wells and conducts inspections during construction to ensure compliance with established standards. All permit applications were reviewed and permits issued within 60 days of receipt. The program conducts evaluations of laboratories applying for certification to conduct drinking water analyses required by State Safe Drinking Water Act. Following the certification of a laboratory, the program conducts periodic evaluations to ensure the laboratory continues to meet minimum performance standards. The program exceeded its goal of 60 lab inspections per year.



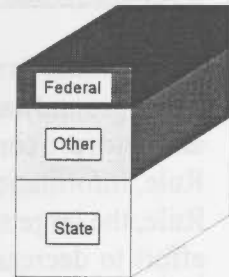
### Drinking Water Compliance Monitoring

Public water systems in South Carolina supply water to their customers from one or more of the 2464 groundwater and/or 73 surface water sources located throughout the State. Monitoring activities are conducted under the Phase I, II, IIB, & V Rules, Lead and Copper Rule, Total Coliform Rule, Information Collection Rule, and Surface Water Treatment Rule. Under the Lead and Copper Rule, the large systems have completed their corrosion control studies and installed treatment in an effort to decrease the lead and copper levels of the drinking water in their distribution systems. Many of the small and medium systems remain on reduced (one set of samples per year) or accelerated reduced (one set every three years) monitoring. Monitoring for the Information Collection Rule began July 1, 1997. This monitoring involves those systems with service populations of 100,000 customers or greater. Monitoring continues for 18 months ending December 31, 1998. This rule includes monitoring for haloacetic acids (HAAs), chloral hydrate, haloacetonitriles, haloketones, chloropicrin, trihalomethanes, cyanogen chloride, aldehydes, total organic carbon, and total organic halides. The Department solicited and awarded 3 contracts with 5 SDWA certified commercial laboratories. Monitoring activities were coordinated between the Department's 12 EQC District Offices, the EQC Central Laboratory, the Drinking Water Enforcement staff, the Drinking Water Compliance Monitoring staff and the 5 contract laboratories. District staff collect, preserve, transfer and mail samples to the contract laboratories or to the EQC Central lab by commercial courier or state courier respectively. All samples resulting in a detection or an exceedance of the established MCL for the regulated and/or unregulated contaminants are recollected and analyzed to confirm the presence of the suspect contaminant.

**Program Name: Water Pollution Control** Priority Ranking: 2

Percent Expenditures

Water Pollution Control							
	Total		State		Federal		Other
Personal Services	\$10,832,708	100%	\$5,779,791	53.4%	\$2,384,985	22.0%	\$2,667,932 24.6%
Operating	\$7,035,007	100%	\$2,626,946	37.3%	\$909,730	12.9%	\$3,498,332 49.7%
Distributions	\$352,680	100%			\$352,680	100.0%	
<b>Total</b>	<b>\$18,220,395</b>	<b>100%</b>	<b>\$8,406,737</b>	<b>46.1%</b>	<b>\$3,647,394</b>	<b>20.0%</b>	<b>\$6,166,264 33.8%</b>

**Program Goals:**

1. To restore and maintain the chemical, physical, and biological integrity of the State's waters for beneficial uses consistent with public health, economic and social development, protection and propagation of aquatic life, and the safety and welfare of the public;
2. To ensure that dams in the State are constructed using appropriate engineering principles and that they are properly maintained to provide for public safety;
3. To ensure that construction activities in the State's navigable waters do not interfere with the uses of those waters;
4. To ensure that water quality data submitted to the Department has been developed by state certified laboratories;
5. To prevent the transmission of diseases that can occur as a result of the consumption of raw or partially cooked shellfish harvested from contaminated waters;
6. To insure that wastewater management facilities are constructed and operated in accordance with state standards.

**Program Objectives:**

1. To ensure the quality of water resources of South Carolina are suitable for use by all citizens through evaluation of activities affecting water quality, navigability of waters, and the safety of dams using sound scientific knowledge;
2. To ensure all wastewater treatment systems, sediment control systems, dams, and structures are designed, constructed, maintained, and operated in accordance with applicable State and Federal requirements;
3. To ensure laboratories submitting data to the Bureau of Water are certified;
4. To ensure all agricultural production facilities have an approved waste management plan for dealing with their manure, litter, and dead animal disposal;
5. To develop and implement a management plan to address non-point source pollution;
6. To ensure that sludge from wastewater treatment facilities is managed properly, either via disposal or beneficial use; and
7. To ensure that shellfish harvested in South Carolina or other areas, shipped from South Carolina, or consumed in South Carolina meet the health and environmental quality standards provided by Federal and State regulations, laws, and guidelines and closed shellfish harvesting areas are restored.

**Performance Measures:**Outcomes

All programs consistently meet regulatory time frames.

**Sediment Control, Stormwater, and Construction Permitting Programs:**

Construction permits for wastewater treatment and wastewater collection systems:

136 approved

Dam inspections conducted: 314

Dam classifications verified: 514

Agricultural waste management plans received: 150; number approved: 158

Navigable waters permits issued: 141

Sediment and Stormwater Control Plans: 1311 received, 491 approved, 761 exempted

Stormwater NPDES : 860 Notice of Intents received and reviewed

**National Pollution Discharge Elimination System (NPDES) and State Land Application (No Discharge) (ND) Permits:**

334 permits were issued and 153 modifications approved.

**Agricultural Waste Management Plans:**

150 plans received and 158 approved

**Dams and Reservoir Safety Permits:**

20 applications received and approved

**State Revolving Loan Fund (SRF) Program:**

The program is now in it's 11th year overseeing the State SRF program. Through State fiscal year 1998 the program has made forty on (41) low interest loans (approximately \$164 million dollars) to Public Utilities within the State for new construction, upgrading or expansion of wastewater treatment facilities, and/ or for collection and transporting wastewater.

**Water Quality Assurances:**

Permits to operate were issued to all construction projects that were completed in accordance with their approved plans and specifications.

Inspections conducted at the 3000 + wastewater treatment systems in the State: 4182

Section 401 water quality certificates issued: 164

Laboratories in South Carolina evaluated: 216

Laboratories out-of-state evaluated: 170

Water samples collected from 599 fixed monitoring sites: 5,442

Sediment samples collected: 188

Samples for macroinvertebrae diversity collected: 112

Fish samples collected: 1846

Wastewater discharges sampled: 837

Water, fish and aquatic insect samples collected: 8016

Chemical, physical parameters and microbiological samples analyzed: 78,011

Reviews and 208 plan conformance certifications issued by the Department: 358

Reviews and 208 plan conformance certifications issued by designated planning agencies:  
1239

**Shellfish Sanitation :**

Standardized compliance inspections conducted: 246

Certificates of satisfactory performance issued to processors: 66  
Routine inspections of vehicles shipping shellfish: 195  
5,886 samples were collected at 493 surface water locations  
Enforcement patrols of shellfish growing waters: 1,300  
Summons for violations of R. 61-47 processed through the magistrate court system: 42

**Groundwater Quality:**

Contaminated Site Evaluations reviewed: 1192  
Corrective Action Plans reviewed: 41  
Routine Monitoring Reports reviewed: 600  
Land Application Sites evaluated: 41

**Enforcement Actions:**

During FY 98 a total of 105 enforcement orders were issued assessing \$857,502 in civil penalties and re-coupmnt of fish kill investigation (forwarded to SCDNR). In some cases, additional penalties were stipulated for violations of schedules for corrective actions.



**Program Name: Infectious Disease Prevention**

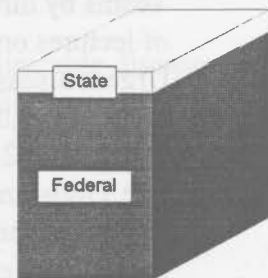
Priority Ranking: 3

*Infectious Disease Prevention includes Immunization & Prevention, Tuberculosis Control, General Sanitation, and Disease Surveillance & Investigation.*

**Disease Surveillance and Investigation**

Disease Surveillance					
	Total		State		Federal
Personal Services					
Operating	\$42,933	100%			\$42,933 100.0%
Public Assistance	\$5,000	100%	\$5,000	100.0%	
<b>Total</b>	<b>\$47,933</b>	<b>100%</b>	<b>\$5,000</b>	<b>10.4%</b>	<b>\$42,933 89.6%</b>

Percent Expenditures

**Program Goals:**

1. To minimize deaths, disability and illness from the diseases preventable by public health surveillance and control, and to maximize quality of health decision-making through use of epidemiologic principles.
2. To assure optimum disease-control decisions through consultation with S.C. health care providers.

**Program Objectives:**

1. Maintain immediate reporting and investigation (within 24 hours for "urgent" diseases) of cases and outbreaks for current S.C. mandated reportable diseases.
2. Conduct surveillance and control for outbreaks of other dangerous diseases in S.C.
3. Monitor health status of South Carolina residents through regular analysis of communicable diseases, injuries, and other acute illness.
4. Develop and support the capability of our health district Epidemiology Teams to do primary investigation and control measures for most uncomplicated reported cases and outbreaks, to speed our public health response. Provide technical support for the disease control skills of S.C. human service providers.
5. Provide immediate disease control consultation for South Carolina human service organizations and health care providers.
6. Improve speed, completeness and ease of reporting through moving as rapidly as possible to an electronic laboratory reporting system.
7. Develop new sources of health data to better monitor the health status of South Carolina citizens for the major causes of death and disability, and for emerging diseases.
8. Continue to win competitive federal grants to build our capabilities to find and study new diseases and develop better control methods for known ones.

**Performance Measures:**Outputs:

1. The division reported and evaluated over 6146 cases of acute disease, investigated and controlled 31 outbreaks and trained and supported the 13 District Epidemiologic Teams.
2. From July 1, 1997 through June 30, 1998 about 4052 consultations were provided by telephone, letter and e-mail, as well as continuing consultation and planning services to our Immunization, HIV/AIDS/STD, and TB control programs.
3. The division gave courses on investigation and disease control to our District Epidemiologic Teams by direct face-to-face teaching, using specific computer software, and via ten hours of lectures on the SC Healthwaves Television Network.
4. Urgent diseases investigated/controlled included 66 cases of meningococcal meningitis, 42 cases of pertussis and 14 cases of E coli O157 H7 disease.
5. We gave 152 formal presentations to professional groups and citizens of the state.
6. The Division's director is responsible for the health assessment function in SC disaster responses, and co-chairs the monthly Public-Private Task Force on Medical Care in Disasters. He also serves as the State Epidemiologist, responsible for epidemiologic practice for DHEC.
7. The Division won \$763,373 in competitive federal grant funds to develop new methods for eliminating syphilis, find the most efficient ways to control Pelvic Inflammatory Disease (PID)-related infertility, test new screening tests for Chlamydia trachomatis, and set up surveillance for Pfiesteria piscicida.

Outcomes:

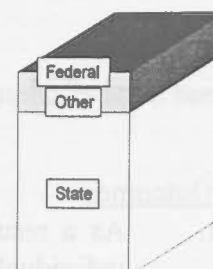
Since our goal is prevention, our outcomes are diseases and deaths that do not happen, and are therefore not easy to measure. However certain measures can give some indication of the outcomes of acute disease surveillance and control in South Carolina.

1. In the 1950's every child in South Carolina got measles and there were at least 50-100 deaths annually. In FY 1996 due to immunization, and then surveillance work to control outbreaks before they started, there were no cases.
2. In FY 1997, about 231 potential rabies exposures received publicly-provided vaccine and immune globulin (RIG) preventively, preventing an estimated 11-33 inevitable deaths from rabies. We estimate that without the Division's required consultation before state vaccine and RIG are provided, utilization would have been at least 50% higher, and some treatments would have not been given correctly. Thus at \$900 per course of treatment, rabies treatment consultation saved about \$100,000.
3. In 1940 there were about 12,000 reported cases of infectious syphilis in South Carolina, and in 1997, under 400 cases. Considering that most of the risk factors for syphilis are still highly prevalent in many communities, this suggests a substantial impact of public health disease control programs.
4. A US Centers for Disease Control study of cost-effectiveness of infectious hepatitis surveillance and control in New Hampshire (Am. J of Epi, 1990) found that public health preventive work there paid for itself more than twice over in costs of health care and lost work time avoided.

**General Sanitation**

Percent Expenditures

General Sanitation								
	Total		State		Federal		Other	
Personal Services	\$408,955	100%	\$333,578	81.6%			\$75,377	18.4%
Operating	\$42,564	100%	\$27,691	65.1%	\$27	0.1%	\$14,846	34.9%
Total	\$451,519	100%	\$361,269	80.0%	\$27	0.0%	\$90,223	20.0%

**Program Goal:**

To protect the people of South Carolina and our visitors from those communicable diseases and nuisances associated with animal and insect vectors, lead, and unsanitary conditions in public places and unsafe conditions in the non-occupational home environment.

**Program Objectives:**

1. To immediately respond to incidents in which humans have been bitten by animals capable of transmitting rabies;
2. To obtain information regarding the circumstances of the incident, to quarantine the animal(s) involved or submit their heads for laboratory analysis;
3. To provide information to physicians so that appropriate decisions may be made in treating individuals exposed to a disease that is fatal if untreated;
4. To maintain the technical expertise and presence to deal with environmental situations, including emergencies and disasters;
5. To assist local communities, individuals and industries with appropriate technical assistance in dealing with nuisances and discomforts associated with pests of public health significance such as mosquitos, rats, flies, ticks etc;
6. To conduct, at the request of other agencies, health and sanitation inspections of day care facilities, foster homes and similar facilities;
7. To locate and eliminate the sources of environmental lead in children identified with elevated blood lead levels;
8. To investigate complaints and initiate corrective action of environmental nuisances; and
9. To inspect, on request, a variety of public facilities for compliance with health and sanitation regulations. Such places include: mobile home parks, schools, hotels, motels, resident camps, recreational vehicle camps, fairs and festivals.

**Performance Measures:****Outputs:**

8,756	initial investigations of bites by animal capable of transmitting rabies
40,973	inspections and other activities conducted in regard to actual or suspected cases of rabies
189	confirmed cases of rabies in animals
3,234	inspections and other visits to day care facilities or foster homes
1,670	inspections and other field activities done at sites associated with elevated blood lead levels in children

- 4,945 complaint investigations and other inspections made of environmental nuisances associated with public facilities, flies, mosquitos, rodents or other vectors.
- 2,493 inspections and other visits made at schools, hotels, motels, mobile home parks and other public facilities

### Outcomes

1. As a result of animal bite investigations and laboratory examinations, more than 418 individuals were given rabies post exposure prophylaxis.
2. Schools, day care facilities, and foster homes as well as other public facilities are routinely inspected for proper sanitation and safety items.

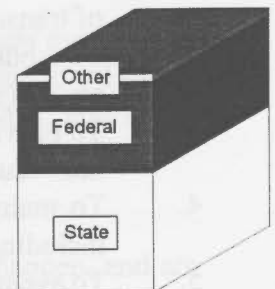
### Efficiency/Process:

Inspectors performed field activities at the rate of 5.27 activities per day compared to the program standard of 5.00 per day. This comparison yields an Efficiency of 117%.

Percent Expenditures

### Immunization and Prevention

Immunization & Prevention								
	Total		State		Federal		Other	
Personal Services	\$2,892,693	100%	\$899,777	31.1%	\$1,857,395	64.2%	\$135,521	4.7%
Operating	\$3,918,677	100%	\$2,858,067	72.9%	\$973,229	24.8%	\$87,381	2.2%
Public Assistance	\$42,594	100%			\$41,744	98.0%	\$850	2.0%
Total	\$6,853,964	100%	\$3,757,844	54.8%	\$2,872,367	41.9%	\$223,752	3.3%



### **Program Goal:**

To prevent and control transmission of vaccine-preventable diseases in children and adults, with emphasis on accelerating interventions to improve the immunization coverage of children less than 2 years of age.

### **Program Objectives:**

1. Reduce indigenous cases of vaccine-preventable diseases (VPDs) to:
  - ▶ Zero cases of diphtheria and tetanus among people aged 25 and younger;
  - ▶ Zero cases of polio, measles, rubella, and congenital rubella syndrome among people of all ages;
  - ▶ Fewer than 12 cases of mumps among people of all ages; and,
  - ▶ Fewer than 25 cases of pertussis among people of all ages.
2. Ensure that 90 percent of children complete by age 2 the vaccine series recommended by DHEC and the Advisory Committee on Immunization Practices (ACIP).
3. Increase immunization levels for pneumococcal pneumonia and influenza to at least 60 percent among non-institutionalized high-risk populations as defined by the ACIP.
4. Ensure identification of VPDs through enhanced systems to detect and report each case of



VPD and conduct complete, timely investigations of all cases of notifiable VPDs and implement effective outbreak control measures.

To achieve these objectives, the following areas of activity for programmatic emphasis have been identified:

1. Improve quality and quantity of vaccination-delivery services,
2. Reduce vaccine cost for parents,
3. Increase community participation, education and partnerships,
4. Improve monitoring of disease and vaccine coverage, and
5. Improve vaccines and vaccine use.

### Performance Measures:

#### Outputs:

1. 94,888 patients of all ages received 318,303 doses of vaccine through immunization encounters in DHEC clinics during calendar year 1996 (most recent year for which data are available).
2. 75,391 patients, ages birth through 18 years, received 387,579 doses of vaccine through 155,802 immunization encounters in non-DHEC immunization practices enrolled in the South Carolina Vaccine Assurance For All Children (VAFAC) Immunization Partnership during calendar year 1996.
3. Immunization provider enrollment in VAFAC reached 500 practices during 1997. Over 99 percent of all pediatricians in the state have enrolled. 910,053 doses of 22 different vaccines and immune globulins were distributed to VAFAC partners during calendar year 1997.

#### Outcomes:

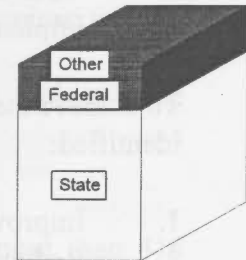
1. 1997 Reported VPD cases:
  - diphtheria = 0
  - Hib disease  $\leq 5$  years of age = 3
  - measles = 1 (imported)
  - poliomyelitis = 0
  - rubella = 17
  - tetanus  $\leq 15$  years of age = 0
2. Vaccination Coverage Level (Complete Immunization Series, Two-Year Old Children)
 

	1995	1996	1997	1998
DTP4, Polio3, 1MMR, 3Hib	90.8%	91.8%	90.7%	(incomplete)

**Tuberculosis Control**

Percent Expenditures

<b>Tuberculosis Control</b>								
	<b>Total</b>		<b>State</b>		<b>Federal</b>		<b>Other</b>	
Personal Services	\$1,272,967	100%	\$785,280	61.7%	\$487,688	38.3%		
Operating	\$1,165,738	100%	\$1,053,381	90.4%	\$110,678	9.5%	\$1,679	0.1%
Public Assistance	\$413,801	100%	\$334,492	80.8%	\$62,525	15.1%	\$16,785	4.1%
<b>Total</b>	<b>\$2,852,507</b>	<b>100%</b>	<b>\$2,173,152</b>	<b>76.2%</b>	<b>\$660,891</b>	<b>23.2%</b>	<b>\$18,464</b>	<b>0.6%</b>

**Program Goal:**

To eliminate TB by the year 2010, with an interim target of a case rate of 5 cases per 100,000 population by the year 2000. (Year 2000 National Health Objectives: 3.5/100,000 population by the year 2000.)

**Program Objectives:**

1. Find new cases of tuberculosis, assure recommended treatment and completion of therapy.
2. Find persons who are infected and provide preventive treatment for those at highest risk of developing the disease.
3. Prevent those who are uninfected from becoming infected.

**Performance Measures:****Outputs:**

**Customer Focus:** The Tuberculosis Control Branch for the past fifteen years has focused on providing services to clients by taking the services to them at many locations. Directly observed Treatment (DOT) for tuberculosis infection and disease, contact investigations and other screenings have been taken to the clients, wherever and whenever possible. Our slogan in TB Control is, "If the client can't come in, then we go out." Services are provided in any safe location, including work, home, church, street corners, bars, even tobacco and peach fields. Personal Care Aides, TB nurses and other health department staff such as STD Disease Intervention Specialists made approximately 20,000 visits to clients in locations other than health department facilities. The TB Program continues to be a very visible focus to our citizens in the community.

**Outcomes:**

In calendar year 1997, 328 new cases of tuberculosis were reported in South Carolina for a case rate of 8.7 per 100,000 population (Reported Tuberculosis in the United States, 1996 U.S. Department of Health and Human Services, Public Health Service, Centers For Disease Control and Prevention). This represents a decrease of 6% in cases from the previous year. In order to meet South Carolina's interim target of 5 cases per 100,000 population by the year 2000, South Carolina will have to achieve an annual average reduction of 15% or greater.

**Effectiveness/Process:**

1. Program effectiveness and cost savings: Over the past eleven years, Directly Observed Treatment (DOT) for tuberculosis disease and infection has cut the number of new

- tuberculosis cases by nearly half (47%). (From 596 new cases in 1986 to 328 new cases in 1997).
2. Tuberculosis treatment and control measures are mandated by South Carolina law. The use of DOT and court-ordered DOT has nearly eliminated the need to forcibly quarantine non-compliant cases, thus saving the taxpayers \$400+ per day in confinement costs. In 1997 only one client had to be quarantined by the courts at a cost of \$5,073 for 13 days.

Quality:

	<u>National Standard</u>	<u>Actual</u>
1. TB cases started on drug therapy during the period 7/1/96-6/30/97 will complete a recommended regimen within 12 months of the date treatment started. <u>(Retroactive report)</u> Completion rates for FY 97/98 cannot be calculated until 6/30/99.	90%	$\frac{236}{249} = 95\%$
2. Close contacts to TB cases will be examined.	95%	$\frac{2766}{2959} = 93\%$
3. Infected contacts under 15 years of age will be placed on preventive therapy.	90%	$\frac{72}{72} = 100\%$
4. Infected contacts 15 years of age and older will be placed on preventive therapy.	75%	$\frac{113}{150} = 75\%$
5. Infected contacts under 15 years of age started on preventive therapy during the period 1/1 - 12/31/97 will complete a minimum of 6 continuous months of preventive therapy. <u>(Retroactive Report.</u> Completion rates for FY 97-98 cannot be calculated until 12/31/98)	90%	$\frac{189}{204} = 93\%$
6. Infected contacts 15 years of age and older started on preventive therapy during the period of 1/1 - 12/31/97 will complete a minimum of 6 continuous months of preventive therapy. <u>(Retroactive Report.</u> Completion rates	75%	$\frac{300}{421} = 71\%$

for FY 97-98 cannot be calculated until 12/31/98.)

The performance measures indicate that South Carolina exceeded the national standards for all measures except that related to infected contacts (15) years of age and older placed on preventive therapy. Factors contributing to failure to achieve the national standard include (1) the fact that preventive therapy (treatment of infection only) is not enforceable under South Carolina's existing health regulations and statutory authority; and (2) physicians generally will not prescribe preventive therapy if there is some reason to believe that the infection is not recent. The risk of progressing to active disease is most frequent within the two years after infection occurs and is reduced over time. If there are no co-existing medical or other high risk factors which would increase the risk of progressing to disease, then preventive therapy may not be recommended.

#### Program Objectives

1. Find new cases of tuberculosis, latent and active.
2. Find persons who are infected and provide preventive therapy to those at high risk of developing the disease.
3. Prevent those who are infected from becoming ill.

#### Performance Measures

**Objective 1:** Find new cases of tuberculosis, latent and active.

**Customer Focus:** The Public Health Control Branch for the past several years has been on providing services to clients by taking the services to them at their locations. Through Treatment (DOT) for persons with infection and disease, contact investigation, and other services, this branch has been able to find new cases of tuberculosis. Services are provided in the home, school, church, street corners, bars, even in houses and parks fields. Persons who are infected and/or have tuberculosis are such as STD Disease Intervention Specialists, nurses, and other health care workers. In 1997, 324 new cases of tuberculosis were reported, a rate of 8.7 per 100,000 population. This is a decrease from 1996, when the rate was 10.1 per 100,000 population. The rate of 8.7 per 100,000 population is a very slight decrease from the national rate of 9.1 per 100,000 population.

#### Outcomes

In calendar year 1997, 324 new cases of tuberculosis were reported, a rate of 8.7 per 100,000 population. This is a decrease from 1996, when the rate was 10.1 per 100,000 population. The rate of 8.7 per 100,000 population is a very slight decrease from the national rate of 9.1 per 100,000 population. This represents a decrease of 1.4% in cases from the previous year. In order to achieve this goal, the branch has been able to find new cases of tuberculosis in the home, school, church, street corners, bars, even in houses and parks fields. Persons who are infected and/or have tuberculosis are such as STD Disease Intervention Specialists, nurses, and other health care workers. In 1997, 324 new cases of tuberculosis were reported, a rate of 8.7 per 100,000 population. This is a decrease from 1996, when the rate was 10.1 per 100,000 population. The rate of 8.7 per 100,000 population is a very slight decrease from the national rate of 9.1 per 100,000 population.

#### Program Objectives

1. Find persons who are infected and provide preventive therapy to those at high risk of developing the disease.



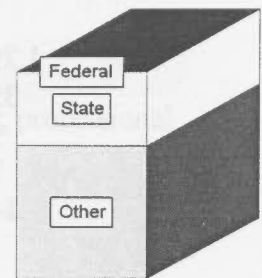
**Program Name: Food and Drug Safety**

Priority Ranking: 4

*Food and Drug Safety includes Food Protection and Drug Control.***Food Protection**

Food Protection								
	Total		State		Federal		Other	
Personal Services	\$1,332,374	100%	\$691,101	51.9%			\$641,273	48.1%
Operating	\$790,816	100%	\$58,174	7.4%	\$1,026	0.1%	\$731,616	92.5%
Total	\$2,123,191	100%	\$749,275	35.3%	\$1,026	0.0%	\$1,372,890	64.7%

Percent Expenditures

**Program Goal:**

To protect the health and well being of South Carolinians and those who visit our state by insuring that food, milk and milk products are safe, wholesome and sanitary.

**Program Objectives:**

1. To inspect and thereby evaluate the food handling, operational procedures, construction, equipment, and personnel of all restaurants and other such facilities that prepare food for consumers including temporary facilities at fairs, festivals etc.; grocery stores and other such facilities that handle and package raw meat, fish and other potentially hazardous foods; dairy farms; milk pasteurization plants; and ice cream plants.
2. To cause appropriate corrective actions to be taken when violations are found.
3. To provide notice to the public of the sanitation level of food service facilities and food stores by posting the sanitation grade of the facility at its last inspection.
4. To respond to the public's complaints about the operation of, or conditions at, regulated facilities.
5. To assist operators with problems related to the safe handling and preparation of food, milk or milk products by providing training and direct technical assistance.
6. To review and approve plans for the construction of new facilities.
7. To investigate food borne disease outbreaks.
8. To routinely test samples of milk and milk products for compliance with sanitation standards included in the regulation.

**Performance Measures:****Outputs:**

2,330	permit issuing inspections of retail food establishments
459	construction plans for new retail food establishments reviewed and approved
14,976	graded retail food establishments
30,821	unannounced inspections of retail food establishments
2.06	average unannounced inspections per retail food establishment
73,311	inspections and other visits to retail food establishments
4.89	inspection and other visits to retail food establishments (average)
82	permit suspension of retail food establishments initiated

2,687	temporary food establishments permitted
5,404	inspections and other visits to temporary food establishments made
3,057	food related complaints investigated
320	inspections, investigations and other field activities made in connection with actual or suspected food borne disease outbreaks
1,299	inspections and other visits made at producer dairy farms
358	inspections and other visits made at milk pasteurization plants
90	inspections and other visits made at frozen dairy food plants
72	inspections and other visits made at soft drink bottling plants
141	producer dairy farms
9	milk pasteurization plants
7	frozen dairy food plants
10	soft drink bottling plants
7,588	samples of milk and milk products tested for compliance with regulations

**Outcomes:**

South Carolinians and more than twenty-eight million visitors to our state are able to purchase milk, fresh foods and meals from establishments that are routinely inspected and held to the high standards set by the Department of Health and Environmental Control.

**Efficiency/Process:**

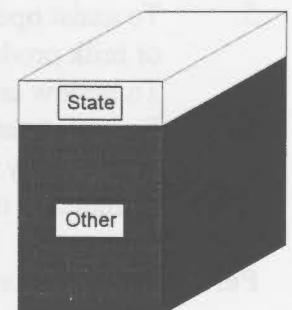
In the food program area, inspectors performed activities at the rate of 5.18 activities per day compared to the program standard of 4.50 per day. This comparison yields an Efficiency of 115%.

In the dairy program area, inspectors performed activities at the rate of 2.56 activities per day compared to the program standard of 2.50 per day. This comparison yields an Efficiency of 101%.

Percent Expenditures

**Drug Control**

Drug Control							
	Total		State		Federal	Other	
Personal Services	\$878,379	100%	\$311,545	35.5%		\$566,834	64.5%
Operating	\$754,115	100%				\$754,115	100.0%
Total	\$1,632,494	100%	\$311,545	19.1%		\$1,320,948	80.9%

**Program Goal:**

To enhance public protection by the administrative and criminal enforcement of the provisions of Title 44, Chapter 53, Article 3 (Narcotics and Controlled Substances) Article 5 (Methadone) and Article 7 (Hypodermic Needles and Syringes).

**Program Objectives:**

1. Registration of all legal outlets for controlled substances and hypodermic needles and syringes.
2. Regular unannounced audits and inspections of the premises at which controlled substances are

stored.

3. Investigation of complaints regarding the diversion of controlled substances from legal outlets.

### **Performance Measures:**

#### Inputs:

The Division receives 800-1000 complaints annually, from the regulated community, professional boards, other law enforcement agencies, as well as concerned citizens.

#### Outputs:

1. 12,595 entities or individuals registered or renewed
2. 2,340 on site inspections conducted
3. 107 accountability audits performed
4. 295 arrests (including 62 arrests involving health professionals [22%])
5. 46 administrative conferences and letters of reprimand
6. 18 administrative consent orders
7. Continuing education programs have been presented by Drug Control staff to more than 700 practicing pharmacists, MUSC and USC School of Pharmacy students, as well as other health professional groups. These programs have been used as a very effective tool in educating customers as to what is required of them with respect to controlled substances.

#### Outcomes:

1. 4.7% increase in the number of renewal applications (12,216 total)
2. 6.7% increase in the number of active registrants
3. Administrative conferences and letters of reprimand have been used in many instances, in lieu of administrative consent orders involving the DHEC legal department, to provide a more customer friendly forum to address deficiencies discovered during inspection and audit procedures.
4. Continuing education programs have been used as a very effective tool in educating customers as to what is required of them with respect to controlled substances, and increasing voluntary compliance.

#### Efficiency/Process:

Cancellation notices have decreased each year. For FY 1998, only 112 of 12,216 (0.9%) of the renewal registrations were canceled.

#### Quality:

The high rate of return on customer surveys (80-85%), as well as comments in the responses indicate effectiveness in meeting customer expectations.

**Program Name: Access to Care**

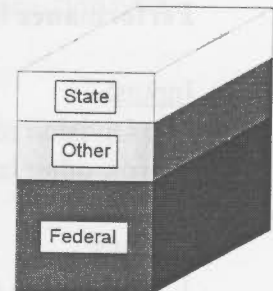
Priority Ranking: 5

*Access to Care includes Minority Health, Primary Care, and Public Health Districts.*

Percent Expenditures

**Minority Health**

	Minority Health							
	Total		State		Federal		Other	
Personal Services	\$393,637	100%	\$137,202	34.9%	\$153,884	39.1%	\$102,552	26.1%
Operating	\$125,730	100%	\$1,905	1.5%	\$67,308	53.5%	\$56,518	45.0%
Public Assistance	\$102,203	100%			\$98,251	96.1%	\$3,952	3.9%
<b>Total</b>	<b>\$621,570</b>	<b>100%</b>	<b>\$139,106</b>	<b>22.4%</b>	<b>\$319,442</b>	<b>51.4%</b>	<b>\$163,022</b>	<b>26.2%</b>

**Program Goal:**

To ensure the development or modification of policies, programs, strategies and initiatives to effectively target and provide services to minorities including migrant and seasonal farmworkers and their families (MSFWFs).

**Program Objectives:**

By June 30, 1998, review and monitor agency-wide policies, procedures, programs and services to ensure cultural competent concepts are applied in planning and delivering services to our diverse customers.

By June 30, 1998, establish new and/or maintain up to 50 existing private/public partnerships and linkages with agencies and community based organizations to promote 20 culturally unique and minority specific preventive health/ health promotion programs and initiatives.

By June 30, 1998, provide medical and dental services to 1,400 MSFWFs.

By June 30, 1998, 775 prescriptions will be filled by pharmacies having contracts with the Migrant Health Program (MHP).

By June 30, 1998, provide health and out reach services in 16 counties.

**Performance Measures:**

Work Load: Agency-wide policies and procedures reviewed and monitored. Yes/No

Policies & procedures relating to cultural competence training, customer service, material development, management and supervision, and methods of accountability are in place. To date, 35 consultations have been provided to internal and external customers on cultural competence strategies; 1,095 DHEC employees have been trained in basic concepts and application of cultural competence; 12 out of 13 Health Districts and four central office units have established cultural competence committees; the Agency's capacity to provide cultural competence training has been



expanded through train the trainer sessions; an agency-wide mentoring committee has been established to develop and implement a mentoring program for employees; there has been an increase in the availability of bilingual staff in the agency; guidelines for developing culturally appropriate materials were used in the development of the Agency's Educational Materials Review Policy; and the Cultural Competence Management Team which monitors all cultural competence efforts is very active.

#### Actual/Intended Outcome

Partnerships and linkages with agencies/community-based organizations established/maintained

Yes/No

Number of public/private partnerships/linkages established: 45/50 (90%)

Number of minority specific preventive health/health promotion initiatives promoted and implemented: 28/20 (140%)

(Number promoted-implemented-28/number planned-20)

Number of medical/dental users: 1183/1400 (84.5%)

Number of medical/dental encounters: 2,535/2800 (90.5%)

Number of prescriptions: 800/775 (103.2%)

Number outreach encounters: 6,204/6000 (103.4%)

Number of counties health and outreach services provided: 18/16 (112.5%)

#### Efficiency: Cost per Unit of Services

Clinical encounters	\$97.55*
Outreach encounters	\$ 9.59
Prescriptions	\$47.34

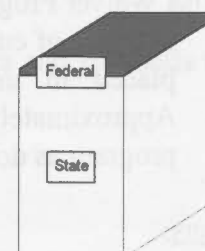
Minority Health maximizes resources through targeting and developing strategies to address health problems and environmental issues that disproportionately affect the minority population. This program ensures that existing health systems and services are enhanced through the development and modification of health and environmental policies, programs and initiatives to appropriately respond to cultural, linguistic and ethnic needs of our diverse customers. The program also provides consultation and technical assistance in an effort to increase access and utilization of services by minority customers.

Changes in data collection methods resulted in decreased duplication.

#### Primary Care

Primary Care					
	Total		State		Federal
Personal Services	\$82,259	100%	\$82,259	100.0%	
Operating	\$10,300	100%	\$6,461	62.7%	\$3,840 37.3%
<b>Total</b>	<b>\$92,559</b>	<b>100%</b>	<b>\$88,720</b>	<b>95.9%</b>	<b>\$3,840 4.1%</b>

Percent Expenditures



**Program Goal:**

To improve access to primary health care services for all South Carolinians by providing assistance in the development of comprehensive primary health care services in areas that lack adequate numbers of health professionals or have populations lacking access to primary care services.

**Program Objectives:**

1. To apply to the Federal Office of Shortage Designation for Health Professional Shortage Area (HPSA) and Medically Underserved Area (MUA) designations within South Carolina. HPSA designations are necessary for placement of National Health Service Corps Providers and for establishment of Rural Health Clinics. MUA designations are necessary for establishment of Federally Qualified Health Centers.
2. To administer the Scholarship and Loan Repayment Programs of the National Health Service Corps (NHSC) for South Carolina. These providers work in practices that accept all patients regardless of their ability to pay for services. DHEC maintains a list of vacancies in these practices and seeks NHSC assistance in filling them.
3. To implement J-1 Visa Waiver Program: the waiver provision for physician foreign medical graduates provided by Section 220 of Public Law 103-416. The Office has the authority to request 20 waivers per year on behalf of foreign medical graduates who are willing to work in HPSAs.

**Performance Measures:**Inputs:**National Health Service Corps:**

Number of customers requesting service: 150 (an average of 50 organizations representing 73 primary care practice sites in South Carolina request recruitment assistance annually through this program; an average of 100 primary care providers request assistance in locating practice opportunities on an annual basis)

**Shortage Designation Maintenance:**

Number of customers requesting service: 200. There are approximately 20 special requests processed in a given year. Shortage Designations are the basis for 24 federal programs and therefore it is essential that they be properly maintained. This maintenance includes annual reviews and dissemination of information. There are approximately 180 simple requests for designation lists or related information annually.

**J-1 Visa Waiver Program:**

Number of customers requesting service: 200. An average of 20 physicians per year are placed in underserved areas of South Carolina annually through this program. Approximately 30 practice sites/organizations request technical assistance through the program as do 170 physicians seeking practice sites.

Outputs:**National Health Service Corps:**

- 23 Primary Care Providers placed in underserved areas through the Scholarship and Loan

Repayment Programs.

- 60 Applications for Recruitment and Retention Assistance processed.
- 15 Scholarship interviews conducted.
- 15 Primary Care residency and training programs visited for recruitment/education.
- 19 Site visits made to provide technical assistance in the development of practice sites.

Shortage Designation Maintenance:

- 39 of 46 counties currently have HPSA designations
- 45 of 46 counties currently have MUA designations
- 18 HPSA designations reviewed as part of tri-annual review process
- 20 Special designation requests processed for areas/facilities/populations not currently designated.

J-1 Visa Waiver Program:

- 20 waivers processed.
- 12 site visits made to provide technical assistance and to assure compliance with the program.

Outcomes:National Health Service Corps:

According to the number and degree of shortage designations in South Carolina, we need to place approximately 150 providers to appropriately address the shortage. The 23 providers placed through this program have helped address this need.

Shortage Designations:

This program is a maintenance program and it is merely a report on available resources in a given service area. The fact that the number of shortage designations in South Carolina is decreasing is evidence of the success of other programs including the National Health Service Corps and J-1 Visa Waiver Programs.

J-1 Visa Waiver Program:

As previously mentioned, South Carolina needs approximately 90 additional primary care providers to address its medical underservice designations. The 20 providers placed through this program have helped to address this need.

Efficiency/Process:

The Office of Primary Care attempts to respond to all customer requests within 5 working days. If it is impossible to give a complete response within that time period, the customer is given an estimated time to expect a response.

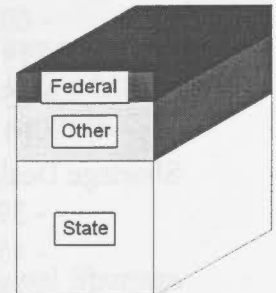
Quality:

The Office of Primary Care meets 100% of its deadlines and commitments and responds to all customer requests to the satisfaction of the customer.

**Public Health Districts**

Percent Expenditures

Public Health Districts								
	Total		State		Federal		Other	
Personal Services	\$39,372,249	100%	\$27,772,488	70.5%	\$5,460,476	13.9%	\$6,139,284	15.6%
Operating	\$18,111,469	100%	\$7,179,896	39.6%	\$2,419,256	13.4%	\$8,512,318	47.0%
Perm. Improvmnts	\$2,800	100%					\$2,800	100.0%
Public Assistance	\$1,208,607	100%	\$302,433	25.0%	-\$789	-0.1%	\$906,962	75.0%
Distributions	\$364,000	100%	\$364,000	100.0%				
Total	\$59,059,125	100%	\$35,618,817	60.3%	\$7,878,943	13.3%	\$15,561,364	26.3%

**Program Goal:**

To assure access to public health services through our 13 Public Health Districts which operate 46 county health departments that provide services at 120 clinic locations. Funds support public health services, including the management and operations of the public health districts and local health departments.

**Program Objectives:**

Specific program activities which occur in the public health districts are reported under their respective programs elsewhere in this report.

**Performance Measures:**

Performance Measures are described for each respective program elsewhere in this report.



**Program Name: Maternal / Infant Health**

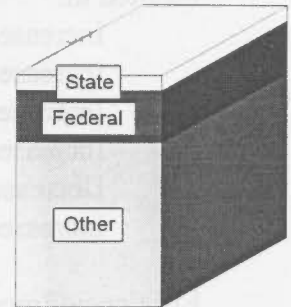
Priority Ranking: 6

*Maternal / Infant Health includes Prenatal Care (Maternity), Women, Infants & Children, Child Health, Family Planning, and Maternal/ Child Health Epidemiology.*

**Child Health**

Percent Expenditures

Child Health								
	Total		State		Federal		Other	
Personal Services	\$7,277,142	100%	\$519,365	7.1%	\$1,382,231	19.0%	\$5,375,546	73.9%
Operating	\$1,277,393	100%	\$48,894	3.8%	\$569,869	44.6%	\$658,630	51.6%
Public Assistance	\$136,381	100%			\$4,342	3.2%	\$132,039	96.8%
Total	\$8,690,916	100%	\$568,259	6.5%	\$1,956,442	22.5%	\$6,166,215	71.0%
Comp Health Assmt Pre-Sch Program	\$78,790	100%	\$78,790	100.0%				

**Program Goal:**

To improve access to care for children birth to 21 years of age; establish public/private partnerships to assure that all children birth to 21 years of age receive risk-appropriate care.

**Program Objectives:**

1. To evaluate and promote optimum growth and development through periodic assessment of each child.
2. To help parents or caretakers recognize and meet the health needs of their children. The areas with special emphasis are parenting skills, accident prevention and early detection of illness.
3. To control the occurrence and spread of vaccine preventable communicable diseases by providing appropriate immunizations.
4. To encourage good dietary habits in order to provide for optimum nutrition for children. Through the WIC Program, we are able to provide supplemental food and nutrition education to children from birth to five years.
5. To serve as an adjunct to private providers and to coordinate and support other state and local agencies.
6. To provide referral services to appropriate health department or community resources when indicated.

**Performance Measures:****Outputs:**

1. The number of unduplicated patients served was 198,987.
2. The number of patients served through CHS clinic was 1,834; receiving 2,197 visits.
3. The number of patients receiving EPSDT (well child visits) Comprehensive services was 28,838; receiving 38,154 visits (Medicaid only).
4. The number of patients receiving EPSDT Non-comprehensive services was 60,933; receiving 98,525 visits.

5. The number of patients served through Special clinic was 107,382; receiving 140,919 visits.
6. The number of patients served through Pediatric clinic was 1,737; receiving 2,206 visits.
7. The number of Medicaid Postpartum Newborn Home Visits performed was 13,922.

**Outcomes:**

The high number of children seen through the Children's Health program in the health departments resulted in:

- Increased access to primary care services.
- Increased access to preventive care services.
- Improved readiness for learning.
- Increased access to periodic evaluations.
- Decreased number of children accessing the emergency room.
- Increased EPSDT "show rates"

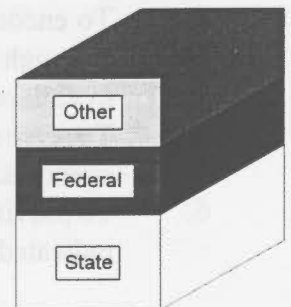
**Efficiency/Process:**

1. The number of Brief visits was 144,748; the cost per unit of service for a Brief Visit was \$10.02.
2. The number of Intermediate visits was 132,132; the cost per unit of service for a Intermediate Visit was \$20.46.
3. The number of Comprehensive visits was 40,408 (Medicaid and non Medicaid population); the cost per unit of service for a Comprehensive Visit was \$38.84.
4. The cost per unit of service for a Pediatric Visit was \$17.82.
5. The cost per unit of service for a MD Pediatric Visit was \$27.92.
6. The number of public/private partnerships for FY 96-97 total approximately 83 (physicians/primary care centers and schools).

**Family Planning**

Percent Expenditures

Family Planning								
	Total		State		Federal		Other	
Personal Services	\$7,368,425	100%	\$3,422,414	46.4%	\$1,557,797	21.1%	\$2,388,214	32.4%
Operating	\$2,218,018	100%	\$743,446	33.5%	\$951,750	42.9%	\$522,821	23.6%
Public Assistance	\$2,394,725	100%	\$771,849	32.2%	\$1,014,220	42.4%	\$608,656	25.4%
Total	\$11,981,168	100%	\$4,937,709	41.2%	\$3,523,767	29.4%	\$3,519,692	29.4%

**Program Goal:**

The goal is to serve as a family support program in helping in assuring that every child is a wanted child and that families can space children based on their needs.

**Program Objectives:**

1. Provide a broad range of acceptable and effective interventions to reduce the number of unintended pregnancies in the state.

2. Improve the pre-conceptual health of reproductive age women in the state.

### Performance Measures:

#### Inputs:

A total of 20.83 Nurse Practitioners produced 71,983 encounters.

#### Outputs:

1. The number of unduplicated patients served was 116,356.
2. The number of patients receiving comprehensive services were 83,528.
3. The number of patients receiving limited services were 32,828.
4. The continuation percentage for less than 15 year old patients was 87%.

#### Outcomes:

1. Increased number of women admitted to WIC in the 1st trimester, when found to have a positive pregnancy test.
2. Improved pregnancy outcomes.
3. Increased access to primary care services.
4. Increased education regarding appropriate contraceptive methods.
5. Decreased number of unintended pregnancies.
6. Decreased number of teenage pregnancies.

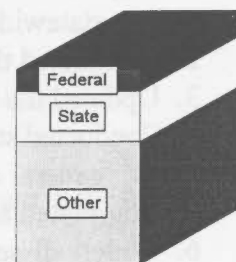
#### Efficiency/Process:

1. The number of unduplicated patients served decreased .16% (116,541 to 116,356) from FY97 to FY98.
2. The number of patients receiving comprehensive services increased .03% (83,496 to 83,528) from FY97 to FY98.
3. The number of patients receiving limited services decreased .65% (33,045 to 32,828) from FY97 to FY98.
4. The continuation rate for under 15 year old patients increased slightly (85% to 86.99%) from FY97 to FY98.

### Maternal and Child Health Epidemiology

Maternal & Child Health Epidemiology								
	Total		State		Federal		Other	
Personal Services								
Operating	\$3,442,092	100%	\$22,769	0.7%	\$521,386	15.1%	\$2,897,937	84.2%
Public Assistance	\$1,155,468	100%	\$1,155,468	100.0%				
Total	\$4,597,560	100%	\$1,178,237	25.6%	\$521,386	11.3%	\$2,897,937	63.0%

Percent Expenditures



#### Program Goals:

1. To enhance the capacity to understand the overall health status of the maternal, child, and adolescent populations of South Carolina by promoting an awareness of the special health

risks in these populations, the factors that contribute to them, and the conditions that are thought to be effective in moderating them.

2. To establish the Maternal and Child Health branch of the Division of Epidemiology as a resource that is sophisticated in the principles and methods of epidemiologic risk surveillance, evaluation research, needs assessment, problem analysis, decision theory, and computer-based data management.
3. To provide leadership and technical assistance to statewide, district-level, and local DHEC administrators in the collection, interpretation, and effective use of epidemiologic data related to the maternal, child, and adolescent populations of South Carolina.
4. To analyze, synthesize, and disseminate information from health surveillance, needs assessment, and program evaluation in a manner that supports resource management, policy discourse, and health advocacy for South Carolina's maternal, child, and adolescent populations.

#### **Program Objectives:**

1. To identify and implement a plan for developing existing staff and recruiting new staff members for the Maternal and Child Health branch of the Division of Epidemiology.
2. To contribute to the development of an information infrastructure, a conceptual model, and a strategic plan for monitoring country, district, and statewide health risk, health needs, health system capacity, and the functional status of existing as well as developing systems of care for the maternal, child, and adolescent populations of South Carolina.
3. To promote and strengthen clear patterns of communication between MCH Epidemiology and other Departmental divisions and programs, and across the Department's administrative hierarchy.
4. To provide a clear perspective of South Carolina's standing in relation to other states and to the United States with respect to maternal, child, and adolescent health status indicators.

#### **Performance Measures:**

##### Workload:

1. Implemented Health Information Resource System (HIRS) training for over 60 participants statewide.
2. Completed the 8th edition of the perinatal regionalization surveillance report.
3. Updated the MCH data book and county grades.
4. Conducted statewide training to over 175 participants on 11 different MCH data sources, and on general data use issues.
5. Completed activity mapping for 13 community based family planning programs.
6. Widely disseminated findings from primary care partnerships for children analysis.
7. Completed and disseminated the 3rd Report on Childhood Injury in SC.
8. Monitored the effectiveness of efforts to improve the percentage of extremely premature births in Level III perinatal centers.



Outcome

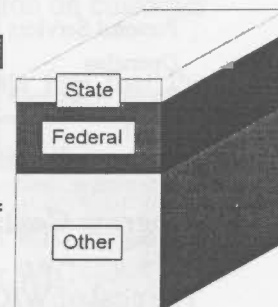
Implemented a new monitoring process for the MCH 5-Year plan that has resulted in mid-year reports, introduced greater accountability into the process, and allowed for timely monitoring of priority accomplishments.

Increased the knowledge of public health decision-makers of the health and health system problem of South Carolina's reproductive age women, infants, children and adolescents, especially those with special needs. This has resulted in providing better direction in the provision of state and federal resources.

**Prenatal Care**

Percent Expenditures

Prenatal Care (Maternity)									
	Total			State		Federal		Other	
Personal Services	\$8,116,770	100%		\$850,898	10.5%	\$1,832,198	22.6%	\$5,433,675	66.9%
Operating	\$1,429,275	100%		\$75,994	5.3%	\$719,438	50.3%	\$633,843	44.3%
Public Assistance	\$784,532	100%		\$99,988	12.7%	\$651,738	83.1%	\$32,806	4.2%
Total	\$10,330,578	100%		\$1,026,880	9.9%	\$3,203,375	31.0%	\$6,100,323	59.1%

**Program Goal:**

The goal of the Prenatal Care Program is to provide or assure improved access to prenatal care for all pregnant women in South Carolina and to significantly increase early entry and continuation of prenatal care.

**Program Objectives:**

1. Reduce the percent of women who have less than adequate prenatal care (measured by entry into care in the first 12 weeks of pregnancy and the number of prenatal care visits).
2. Increase the percent of women who are admitted to WIC in the first trimester.
3. Expand risk appropriate care coordination services for pregnant women.

**Performance Measures:**Outputs:

Number of prenatal patients admitted: 23,614.

Number of prenatal patients entering care in the 1st trimester: 13,853.

Outcomes:

The high number of complete prenatal patients seen through the Prenatal Care Program in the health departments resulted in:

- Increased education regarding health pregnancy outcomes.
- Increased access to primary/preventive care services.
- Increased access to early prenatal care.
- Continued improvement in South Carolina's infant mortality rate.

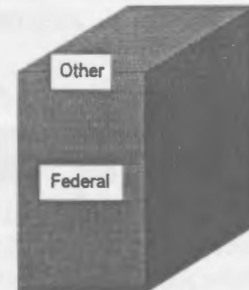
Efficiency/Process:

1. The number of prenatal patients admitted decreased 23% (30,669 to 23,614) from FY'97 to FY'98.
2. The cost per unit of service for an Initial Complete Visit was \$62.14.
3. The cost per unit of service for an Initial Access was \$27.94.
4. The percent of prenatal patients entering care in the 1st trimester remained at 58% from FY'97 to FY'98.

**Women, Infants, & Children Food Supplement**

Percent Expenditures

Women, Infants, & Children Food Supplement					
	Total		State	Federal	Other
Personal Services	\$9,850,915	100%		\$9,850,915	100.0%
Operating	\$2,855,725	100%		\$2,830,713	99.1%
Public Assistance	\$65,646,246	100%		\$65,646,246	100.0%
<b>Total</b>	<b>\$78,352,886</b>	<b>100%</b>		<b>\$78,327,875</b>	<b>100.0%</b>
					<b>\$25,012 0.0%</b>

**Program Goal:**

The goal of WIC is to provide nutrition education and supplemental foods through payment of cash grants to State Agencies.

**Program Objectives:**

1. To serve as an adjunct to good health care during critical times of growth and development in order to prevent the occurrence of health problems.
2. To improve the health status of women, infants and children.

**Performance Measures:**Outputs:

1. The total participation for WIC was 120,951 with a monthly average of 118,966.
2. The total number of women on WIC was 31,498:
 

Pregnant	15,069
Postpartum	12,703
Breastfeeding	3,726
3. The total number of infants was 31,145.
4. The total number of children was 58,308.

Outcomes:

1. The percentages of need met for pregnant women, infants and children are 100%.

\*Actual:

Pregnant women	91%
Infant	91%

Children 73%  
\*Data from June 1997 caseload

2. The percentage goal of postpartum women who choose to breastfeed is 33%.

Actual:  $\frac{\text{Number postpartum women Breastfeeding in FFY97}}{\text{Total number of postpartum women}} = 23\%$

#### Efficiency/Process:

1. The total operational cost per participant is \$11.14.
2. The average food package cost per participant is \$28.42 (without formula rebate as of 9/97).

#### Quality

The annual statewide survey of WIC participants provided the following information on customer satisfaction:

- \* Of the 1486 participants responding, 74% (1096) of WIC participants feel that the educational materials are easy to understand.
- \* Of the 1434 participants responding, 81% (1164) of WIC participants feel that the nutrition classes are useful.
- \* Of the 1437 participants responding, 81% (1168) feel that staff working in WIC are polite.
- \* Of the 1449 participants responding, 23% (333) find it hard to keep their WIC appointments. Of those participants responding to why it was difficult to keep appointments (296), 66% stated that their work or school hours conflict with their WIC Appointments.
- \* Of the 1423 participants responding, 98% (1389) feel that the WIC staff explains how to use the WIC vouchers (food instruments).
- \* Of the 1411 participants responding, 94% (1332) feel that it is easy to use WIC vouchers (food instruments) in the store.

**Program Name: Chronic Disease Prevention**

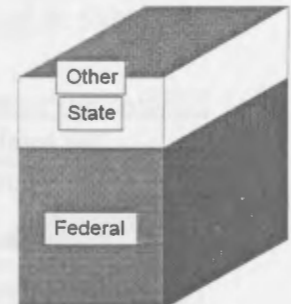
Priority Ranking: 7

*Chronic Disease Prevention includes Cardiovascular Health, Cancer Prevention & Control, Tobacco Prevention, and Chronic Disease Epidemiology.*

**Cancer Prevention and Control**

Percent Expenditures

Cancer Prevention & Control							
	Total		State		Federal		Other
Personal Services	\$635,125	100%	\$216,454	34.1%	\$418,671	65.9%	
Operating	\$1,757,168	100%	\$123,461	7.0%	\$1,633,682	93.0%	\$25 0.0%
Public Assistance	\$1,403,426	100%	\$800,000	57.0%	\$603,426	43.0%	
<b>Total</b>	<b>\$3,795,719</b>	<b>100%</b>	<b>\$1,139,915</b>	<b>30.0%</b>	<b>\$2,655,779</b>	<b>70.0%</b>	<b>\$25 0.0%</b>

**Program Goals:**

1. To reduce morbidity and mortality due to cancer which is the second leading cause of death in South Carolina.
2. To ensure that indigent South Carolina residents with cancer receive high quality cancer care.
3. To reduce needless disease and death to South Carolina women from breast and cervical cancer.
4. To study trends in cancer disease that occur in South Carolina area over time.
5. To respond to individual and community concerns about geographic clusters of cancer cases.

**Program Objectives:**

Provide outpatient cancer care and treatment to indigent South Carolina residents through contracts with cancer treatments centers that meet quality standards through the State-Aid Cancer Program.

Through the federally funded Women's Cancer Screening Program, provide breast and cervical cancer screening, education, follow up and outreach to 10% of women in South Carolina who are at or below 250% of the federal poverty guidelines and are un/under-insured and are age 40 and older.

Collect, analyze and manage statistics on all new cancer cases in South Carolina; monitor changes in diagnosis, treatment and survival rates and provide reports to appropriate South Carolina constituents through the South Carolina Central Cancer Registry.

Maintain a South Carolina Cancer Cluster Hotline; conduct investigations in coordination with DHEC environmental staff, make communities aware of findings of cluster investigations, and provide information about cancer risks in the environment and preventive measures.

**Performance Measures:****Outputs:**

1. The active case load in the State-Aid Cancer Program totaled 1,778 patients.



2. The Women's Cancer Screening Program provided services to 3,818 women including 2,180 Pap smears and 2,857 mammograms to income-eligible women.
3. The Central Cancer Registry was actively collecting data on an estimated 17,600 newly diagnosed cases of cancer per year. Ninety five percent (95%) of all newly diagnosed cases must be reported to the registry within 6 months of diagnosis. In addition to computerized quality control edits, 100% of submitted data is visually edited by quality control staff. Cancer registry regulations were developed and presented to the SC Legislature for passage into law to accompany the Central Cancer Registry Law. The regulations were passed April 7, 1998.
4. The Cancer Cluster Education and Investigation Program received 100 calls through the 1-800 line, with educational materials and counseling provided; provided 16 comprehensive education programs; and provided limited investigations in 10 communities in Colleton, Abbeville, Richland, Greenville (3), Edgefield, Charleston, Laurens, and Horry counties.

#### Outcomes:

##### State-Aid Cancer Program:

This program impacts on morbidity and mortality by providing expensive outpatient chemotherapy, radiation and at least 5 year follow up to uninsured South Carolina residents who are at or below 250% of the federal poverty guidelines. State annual appropriations for this program are used by Health and Human Services as match to draw down federal Disproportionate Share dollars, increasing available funding by 50% for the nine hospitals that contract with DHEC to provide the State-Aid Cancer Program services.

##### Women's Cancer Screening Program "Best Chance Network":

Screening and follow up services are provided to South Carolina eligible women by over 200 private physicians, federally-funded community health care centers, hospital outpatient clinics, and mammography centers that contract with DHEC. A contract between DHEC and the American Cancer Society provides public and professional education, and service coordination for the program. Program funds are also used to staff a state-wide Women's Cancer Coalition to address broad issues in breast and cervical cancer to ensure that all women in South Carolina have access to high quality education, detection and treatment of breast and cervical cancer.

##### South Carolina Central Cancer Registry:

Cancer incidence rates for 1996 will be the first released from the SCCCR. Completion of 1996 data analysis is scheduled for December 1998.

##### Cancer Cluster Education and Investigation Program:

The development stage of the cancer registry continues, with incidence data not available for investigations at this time. During the past year, all investigations were resolved through community and individual education about cancer risk factors and preventive health behaviors. All investigations conducted during FY '98 were a result of calls from concerned citizens.

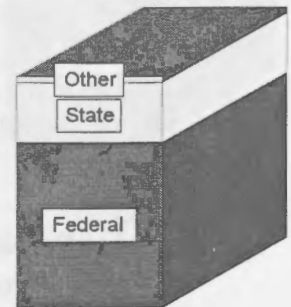
**Efficiency/Process:**

1. For the State-Aid Cancer Program, the case services cost per patient visit averaged \$449.94.
2. For the federally funded Women's Cancer Screening Program, the cost per patient visit averaged \$70.39 per patient visit based on screening dollars and \$212.00 per patient visit based on total project funds.

**Cardiovascular Health**

Cardiovascular Health								
	Total		State		Federal		Other	
Personal Services	\$691,400	100%	\$366,664	53.0%	\$318,343	46.0%	\$6,393	0.9%
Operating	\$626,982	100%	\$39,815	6.4%	\$551,274	87.9%	\$35,894	5.7%
Public Assistance	\$135	100%			\$18	13.6%	\$117	86.4%
Distributions	\$256,598	100%			\$256,598	100.0%		
<b>Total</b>	<b>\$1,575,115</b>	<b>100%</b>	<b>\$406,479</b>	<b>25.8%</b>	<b>\$1,126,233</b>	<b>71.5%</b>	<b>\$42,404</b>	<b>2.7%</b>

Percent Expenditures

**Program Goal:**

To reduce morbidity and mortality due to cardiovascular disease, cancer and diabetes which are leading causes of death and disability in South Carolina, through population-based state and community initiatives.

**Program Objectives:**

1. To reduce the major behavioral risk factors common to the leading causes of death and long-term disability: tobacco use, inappropriate dietary patterns, and physical inactivity.
2. To implement population-based health promotion interventions including community assessment, coalition building, policy advocacy, community education and media advocacy. Chronic disease prevention efforts involve mobilizing communities to make policy and environmental changes; promoting early disease detection and screening; offering provider education and prevention information; promoting positive, healthy behaviors; providing young people with high quality health education; and conducting chronic disease surveillance to monitor trends and provide for science-based decision making.

**Performance Measures:****Outcome:**

1. Policy and Environmental Change - The program mobilized advocates for policy and environmental changes by developing networks to effect policy and environmental changes related to risk factors, priority populations and intervention channels. At the state level, programs maintained relationships with key executive and legislative decision-makers and staff. At the Health District level, a wide variety of local coalitions were maintained in all areas of the state. Accomplishments included implementation and continuation of educational and public awareness activities such as the First Lady's Campaign for Women's Health, policy changes in schools and

worksites, development of walking trails, and increased participation of community organizations in health promotion.

2. **Capacity Building** - The program provided training and consultation in primary, secondary and tertiary prevention of chronic diseases to targeted organizations, professional associates and key decision makers to enhance their ability to implement quality programs and services, as well as positive policy and environmental changes. These accomplishments included establishment and maintenance of statewide programs for reaching priority populations (including youth African Americans, and other minority populations) through schools, health care, worksites, grocery stores, churches, beauty and barber shops, Diabetes Today groups, and voluntary organizations. Program outcomes also included providing or arranging for training and consultation to state, regional and local organizations and health care providers.

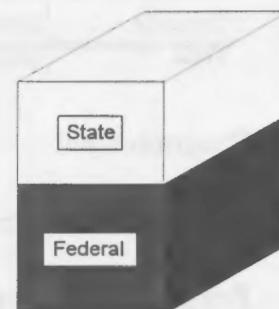
3. **District and Program Support** - The program successfully coordinated assessment, surveillance, planning, evaluation, and policy development activities related to health promotion and chronic disease prevention. The first statewide report on the Burden of Diabetes in South Carolina was completed and distributed. District health promotion activities focused on high priority chronic disease prevention issues.

4. **Public Awareness** - The program developed information for the general public to heighten awareness of issues, to increase use of available programs and services and to increase support for policy and environmental changes that support healthy lifestyles. These efforts included: development of educational materials for health promotion; a statewide conference by the Governor's Council on Physical Fitness; maintenance of the Beauty and Barber Shop Heart Health campaign; and continuation and growth of the State Five A Day for Better Health program.

### Chronic Disease Epidemiology

Assessment & Surveillance - Chronic Disease						
	Total		State		Federal	
						Other
Personal Services	\$59,471	100%	\$29,547	49.7%	\$29,924	50.3%
Operating	\$13,707	100%	\$2,547	18.6%	\$11,160	81.4%
<b>Total</b>	<b>\$73,178</b>	<b>100%</b>	<b>\$32,094</b>	<b>43.9%</b>	<b>\$41,084</b>	<b>56.1%</b>

Percent Expenditures



#### **Program Goal:**

The goal is to reduce morbidity and mortality due to heart disease, cancer, stroke, and diabetes.

#### **Program Objectives:**

1. Monitor health status to identify chronic disease problems through surveillance systems and special surveys of work sites, schools, the health care system, community organizations, and the community environment; as well as breast and cervical cancer services provider data.



2. Assist in the evaluation of effectiveness and quality of service provided by the Center for Health Promotion.

### Performance Measures:

#### Output:

During calendar year 1997, 2,150 people were surveyed through a telephone survey on health risk behaviors. Data from this survey and data collected from other sources was compiled, analyzed, and reported to interested parties in the public and private sector. Chronic disease surveillance and evaluation data was collected, analyzed, and disseminated for heart disease, cancer, stroke, and diabetes programs, and also behavior risk factors.

#### Outcomes:

1. Health behaviors of South Carolinians were assessed to identify potential health problems.
2. Compiled data was analyzed and disseminated to health care professionals, policy/decision makers and the public.
3. Data was used to improve the public health system's capability to monitor and anticipate health problems.

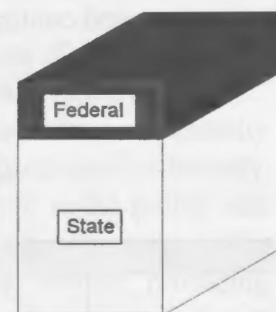
#### Efficiency:

The average cost per person of a telephone survey was \$37.11.

### Tobacco Prevention

Tobacco Prevention						
	Total		State		Federal	
						Other
Personal Services	\$75,487	100%	\$56,595	75.0%	\$18,892	25.0%
Operating	\$10,606	100%	\$8,425	79.4%	\$2,181	20.6%
<b>Total</b>	<b>\$86,092</b>	<b>100%</b>	<b>\$65,020</b>	<b>75.5%</b>	<b>\$21,072</b>	<b>24.5%</b>

Percent Expenditures



### Program Goal:

To reduce the morbidity and mortality resulting from tobacco related illnesses in South Carolina.

### Program Objectives:

1. Reduce the prevalence of tobacco use.
2. Reduce the rate of tobacco use initiation among youth.



**Performance Measures:****Outputs:**

1. One hundred percent of elementary schools have a written policy for tobacco free schools. This has increased from ninety six percent in 1996. Fifty percent of South Carolina's school districts have received training in implementing tobacco abuse prevention programs for students who break school smoking rules.
2. Funding was provided to seven African American organizations to increase community based smoking prevention activities within the African American community.
3. Funding was provided to 12 local coalitions to increase community based smoking prevention programs in local communities.
4. A Teens N Tobacco Prevention Institute trained eleven teams of high school students and adult advisors to develop local actions plans for implementation to reduce youth tobacco use in their schools and communities.

**Efficiency/Process:**

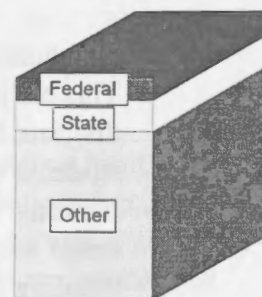
With the potential to reach a minimum of one-third of the state's population each year, the per person cost for activities is estimated to be less than one dollar.

**Program Name: Air Quality Improvement**

Priority Ranking: 8

Percent Expenditures

Air Quality Control							
	Total		State		Federal		Other
Personal Services	\$6,128,798	100%	\$859,877	14.0%	\$741,152	12.1%	\$4,527,769 73.9%
Operating	\$1,818,338	100%	\$226,230	12.4%	\$86,224	4.7%	\$1,505,884 82.8%
Public Assistance	\$67	100%					\$67 100.0%
<b>Total</b>	<b>\$7,947,204</b>	<b>100%</b>	<b>\$1,086,107</b>	<b>13.7%</b>	<b>\$827,376</b>	<b>10.4%</b>	<b>\$6,033,721 75.9%</b>

**Program Goal:**

The air quality program is charged with protecting the health of the citizens and the environment of South Carolina. Air quality has a direct effect on human health and the environment. Potential adverse health effects or consequences from air pollution include asthma, emphysema, breathing loss, kidney damage, cancer risks, heart and lung problems, and premature death. Air pollution can also cause significant damage to our environment. Examples are: impaired visibility; premature deterioration of buildings and statues; decreased agricultural crop yields; plant and forest damage; smog; lake and stream acidification; reduction of the stratospheric ozone layer; and damage to rubber, textiles and dyes.

The mission of Air Quality is to conserve and enhance air resources in a manner that promotes quality of life.

**Program Objectives:**

Implementation of the SC Pollution Control Act, the Asbestos Licensing Act, and the Federal Clean Air Act to the extent that the law provides a role for states.

**Performance Measures:**Workload:

- Reviewed applications and made 1850 permit decisions relating to construction and operating permits.
- Evaluated dispersion modeling analyses in conjunction with construction and operating permit applications, and for demonstrations of compliance with air toxics regulations.
- Observed 210 stationary air source emission tests.
- Observed continuous emissions monitoring performance specification tests.
- Investigated 1,613 public complaints regarding air pollution or related issues.
- Conducted 1,589 inspections at stationary sources of air emissions.
- Collected 5,950 air samples and performed 49,062 air sample analyses to measure the quality of ambient air.
- Collected 699,000 valid data values from the statewide ambient continuous monitoring network.
- Issued 6,942 asbestos abatement licenses and project permits.

- Conducted 690 asbestos renovation or demolition project inspections.
- Responded to over 221 small business requests for assistance.
- Received over 950 calls over Small Business Assistance Program Hotline.
- Issued 435 notices of violations.
- Negotiated and issued 102 consent orders and 2 administrative consent orders.
- Reported air data and Bureau activity information to the Environmental Protection Agency (EPA), the Governor's Office, and the citizens of South Carolina.
- Calculated and verified plant-wide emissions for 635 major and 898 minor facilities.
- Revised current state air regulations and the State Air Quality Implementation Plan for consistency with federal requirements.
- Conducted public outreach activities including: presentations to organizations and school groups.
- Developed an ozone outreach program (included public and private sector partners) named Spare the Air which includes advisories of how citizens can help address air quality and ozone forecasts, carried by television, newspaper, and by the Internet.
- Fulfilled all EPA requirements and grant commitments.
- Participated in various special air-related environmental projects. (e.g. Emission Inventory Improvement Program and STAPPA/ALAPCO criteria pollutant committees).
- Participated with regulated community in regulatory reform groups. Successfully completed revision of controversial Air Toxics Standard by involving industry and environmental groups in the regulation revision process.
- Developed over 12,526 emission estimates for major sources.
- Participated in regional activities (Southern Appalachian Mountain Initiative "SAMI"; Ozone Transport Assessment Group "OTAG") and with other states in relation to the EPA NOx SIP call initiative. These efforts focus on issues related to transport of air pollution across state lines.
- Participated in an industry specific consensus driven effort (Common Sense Initiative) with a goal of identifying cleaner, cheaper and smarter solutions to environmental challenges faced in the automobile manufacturing industry.
- Hosted the EPA Region IV air program enforcement and asbestos abatement conferences.
- Coordinated closely with the Department of Commerce to advise perspective new industry of necessary requirements to locate in South Carolina.

#### Efficiency:

The program fulfilled all of the EPA requirements and grant commitments during this period. There is no meaningful way to reflect a cost per unit output.

#### Outcomes:

The State's industrial manufacturing and electrical generating facilities rate of compliance with state and federal air requirements for major sources is 96.6%. Due to advances in technology and regulatory efforts, fewer tons of air pollutants are being released into the environment.

The Bureau's efforts can most effectively be measured by the regulated community's rate of compliance, and by the State's attainment status with the National Ambient Air Quality Standards (NAAQS) for criteria air pollutants, including Ozone; Sulfur Dioxide; Nitrogen Dioxide; Particulate Matter; Carbon Monoxide; and Lead. South Carolina is one of only thirteen states nationwide that

is in compliance with all six NAAQS criteria ambient air pollutants.

Processing times for permitting activities meet those established in the Environmental Fee Regulation over 96% of the time.



**Program Name: Solid and Hazardous Waste Management**

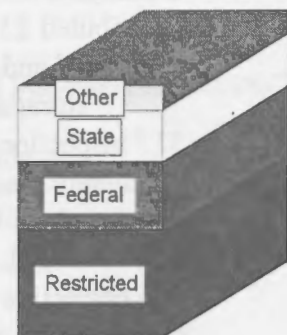
Priority Ranking: 9

Solid & Hazardous Waste Management										
	Total		State		Federal		Other		Restricted	
Personal Services	\$8,748,161	100%	\$2,332,069	26.7%	\$3,489,279	39.9%	\$1,085,222	12.4%	\$1,841,591	21.1%
Operating	\$2,840,767	100%	\$677,068	23.8%	\$853,679	30.1%	\$477,590	16.8%	\$832,430	29.3%
Distributions	\$4,179,766	100%							\$4,179,766	100.0%
Savannah River Plant	\$80,584	100%	\$80,584	100.0%						
Hazardous Waste Contingency	\$104,173	100%	\$104,173	100.0%						
Total	\$15,953,451	100%	\$3,193,893	20.0%	\$4,342,958	27.2%	\$1,562,812	9.8%	\$6,853,788	43.0%

**Program Goal:**

To protect human health and the environment by ensuring proper management of solid and hazardous wastes including infectious waste and radioactive waste; Remediation of problems associated with past management of waste; responding to emergencies; and ensuring proper mining and land reclamation.

Percent Expenditures

**Program Objectives:**

1. Process permit applications for waste management and mining/reclamation activities in accordance with established time frames;
2. Ensure compliance with regulatory and permit requirements;
3. Ensure restoration of contaminated property to productive use or management of contamination to minimize exposure; and
4. Ensure immediate response to emergencies arising from releases of wastes or materials.

**Performance Measures:**WorkloadBureau of Land and Waste Management - General

There are:

- 414 active solid waste management facilities in the state;
- 247 operating landfills (Municipal Solid Waste, Industrial Solid Waste, Construction, Demolition and Land-clearing Debris Landfills);
- 94 yard-waste composting facilities;
- 14 solid waste processing facilities;
- 17 waste tire facilities;
- 30 solid waste transfer facilities;
- 1 municipal incinerator ash facility; and
- 2 used oil facilities.

Staff activities:

- 44 solid waste permits were issued for FY98;
- 10 hydrogeologic site characterization reviewed for proposed Solid Waste Landfills;

1,407 inspections conducted of solid waste management facilities;  
90 waste tire haulers and 195 battery collection facilities registered;  
46 updates to each county's solid waste management plan to ensure consistency with the Solid Waste Policy and Management Act of 1991 and the State Solid Waste Management Plan were reviewed;  
132 local governments reported their full cost for solid waste management services for review;  
680 teachers trained on the solid waste/recycling curriculum;  
5,930 plus calls to the Resource Center and about 80 presentations made;  
150 responses to requests for technical assistance;  
Updated "South Carolina Recycles: A Directory of Recycling Markets and Programs";  
Promoted use of tire funds to procure scrap tire product in beneficial end uses;  
Continued compost bin distribution throughout the state;  
Distributed \$3,681,330 through 142 grants in 6 programs;  
59 general and 17 groundwater monitoring system inspections of hazardous waste treatment, storage and disposal facilities;  
317 inspections of hazardous waste generators;  
16 closure plan reviews/approvals for hazardous waste facilities completed;  
14 hazardous waste permit reviews were performed and 5 hazardous waste permits were issued;  
195 corrective action reviews/approvals for hazardous waste facilities completed;  
60 orders, 92 notices of violation and 164 warning letters were issued for violations;  
Superfund response actions were taken at 152 sites throughout the State;  
112 Spill Prevention, Containment, and Countermeasure (SPCC) inspections made;  
17 Terminal Facility Registration Certificates issued;  
4,300 infectious waste generators are registered and tracked;  
25 infectious waste transporters are registered and tracked;  
121 infectious waste compliance inspections were performed; and  
Responded to 8 infectious waste emergency response incidents.

#### Oil and Hazardous Waste Emergency Response

##### Staff:

Responded to 200 hazardous material releases, 525 oil spills and 54 fish kills;  
Responded to 12 nuclear incidents and participated in 51 exercises;  
826 eighth grade science students received presentations covering basic radiological health physics and emergency response procedures;  
Presented technical radiological training to more than 310 staff from over 16 fire departments and EMT offices;  
Responded to 1,510 calls into the twenty-four hour emergency line after hours and week-ends;  
Tracked more than 25 foreign and domestic spent nuclear fuel shipments into the state; and  
Participated with State, Federal, and local emergency preparedness agencies in an Ingestion Pathway exercise at the Carolina Power and Light-H.B. Robinson Nuclear Plant.

### Mining Reclamation

#### Staff activities:

495 Mine Operating Permits were issued to 269 Mining Companies;  
22 Mining Permits issued, 23 permits modified, 20 permits renewed, 760 inspections;  
55,764 acres total permitted area, 19032 acres total affected area;  
2,335 acres previously mined land reclaimed;  
12 orders, 1 notice of violation, 8 warning letters issued;  
Managed approximately \$22,139,455 in Mining Reclamation Bonds; and  
Provided technical assistance to 120 small operators; published educational booklets on 9 different Best Management Practices and distributed them to small operators at approximately 50 educational workshops.

### Radioactive Waste Management

#### Staff activities:

13 licenses and 14 license amendments were issued to facilities that process and transport radioactive waste;  
1,099 radioactive waste transport permits have been issued nationwide;  
919 radioactive waste shipment inspections performed;  
120 compliance inspections conducted; and  
5 Administrative orders and 6 warning letters issued.

### EQC Laboratories

#### Staff activities:

Evaluated 18 in-state laboratories that analyze solid and/or hazardous waste;  
Certified 84 out-of-state laboratories to perform analysis of solid and/or hazardous waste;  
3,882 analyses on 1122 samples around Chem-Nuclear Services Inc.;  
993 analyses were performed on 471 samples collected from other radioactive waste facilities; and  
1386 analyses were performed on 1,231 NRC samples.

### Outcomes

The state's regulated waste management facilities rate of compliance exceeds 95 percent based on FY98 inspections vs. orders issued. State waste minimization activities continue to reduce the amount of waste being generated through source reduction and recycling efforts.

No incidents of radioactive exposure above background to any SC citizen or emergency responder due to the accidental release of radioactive materials to the environment occurred.

### Hazardous Waste Contingency

#### **Program Goal:**

To defray contractual costs associated with governmental response actions taken at uncontrolled hazardous waste sites

#### **Program Objectives:**



1. Identify and prioritize sites throughout the State which have had a release or have the potential for a release of hazardous substances into the environment;
2. Determine the necessity for initiating a governmental response action based on the relative risk of danger to public health, welfare or the environment and the hazard potential for the substances involved;
3. Concurrent with taking a governmental response action; initiate the appropriate administrative action to utilize other funds available for such action; and
4. Recover money expended from the fund from parties liable for the conditions necessitating the response action.

### **Performance Measures:**

#### Workload

Governmental response actions were necessary at 102 sites and benefitted from these appropriated funds. Activities include State funded field activities, emergency response actions and final records of decision (RODs). A total of \$2,183,275 was expended from the Hazardous Waste Contingency fund in FY98 with a total commitment of \$20,078,340 towards existing and future cleanup efforts.

#### Outcomes

During this fiscal year, the Division of Site Assessment and Remediation initiated and continued cost recovery actions at several sites. This first was for the Simpsonville landfill sites where we have recovered \$760,000 of \$985,000.43 which represents 77.2% recovery. The Department has also recovered additional past costs from the Aqua-Tech facility, a total of \$2,005,946 out of \$2,468,297 has been recovered and represents 81.3% recovery. We have also reached settlements with some parties at the Suffolk Chemical site for a total to date of \$321,000 out of \$387,259 which represents 82.8% of the costs expended through FY97.

A Voluntary Cleanup Program (VCP) was established in South Carolina (SC) in 1988. The State does not have a specific Voluntary Cleanup law as yet, but has adopted the Comprehensive Environmental Response Compensation and Liability Act of 1980 (CERCLA) by reference in the SC Hazardous Waste Management Act 44-56-200. The VCP's original goal was to help expedite the Remediation of contaminated sites by Responsible Parties (RP) by avoiding lengthy and expensive litigation.

In order to allow Non-Responsible Parties (NRPs) to purchase and manage the assessment and/or cleanup of contaminated sites, the VCP was expanded in 1995 to implement the goals of the United States Environmental Protection Agency's (USEPA) Brownfields Initiative. As such, the VCP's goals have expanded to include the redevelopment of idled or underutilized industrial facilities whose redevelopment have been complicated by real or perceived environmental contamination. The VCP at the state level has also served to clarify the liability differences between RPs and NRPs.

Since 1995, the Department has entered into nine (9) NRP Contracts and eight (8) RP Contracts. In addition, five (5) interested parties have signed Letters of Agreement which serve to clarify their liability for groundwater contamination coming from an off-site source. In FY98, the Department entered into three (3) Consent Agreements, two (2) Letters of Agreement, three (3) RP Contracts and



four (4) NRP Contracts.

Through a VCP action AVX-American Gear & Pinion signed a Consent Agreement to conduct an investigation and reimburse the Department for all past cost and future. After signing the agreement, AVX paid the Department \$15,875 which represents 100% of past cost through FY96 and will reimburse 100% of Department future oversight costs.

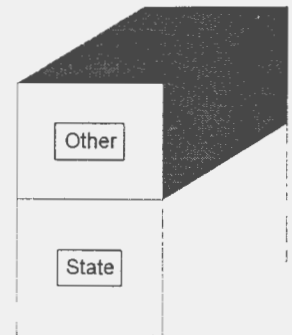
Program Goals	
To protect the health and well being of the people of South Carolina and its environment by ensuring the proper disposal of wastewater (sewage) produced at industrial sources	
Program Objectives	
1. To evaluate sites for suitability for installation of on-site wastewater disposal systems (septic systems) or other alternative treatment systems.	10
2. To evaluate all sites found to be unsuitable for conventional on-site systems for all of the alternative and experimental systems available.	2
3. To inspect the field approval of installed systems within one working day of notification.	3
4. To respond within thirty to 45 days of notification to on-site wastewater disposal.	4
5. To examine and permit septic tank construction and septic tank permits.	5
6. To examine and approve the manufacturing of septic tanks.	6
7. To examine, evaluate, and approve new methods of on-site wastewater disposal; and	7
8. To inspect and evaluate proposed subdivisions for suitability of on-site systems as a means of wastewater disposal.	8
Performance Measures	
Quantity	
Septic tanks installed	17,909
Septic tanks for conventional systems	10,943
Septic tanks for alternative systems	6,966
Septic tanks for septic systems	613
Septic tanks for septic systems	5,354
Installation of conventional systems approved	18,717
Installation of alternative systems approved	2,090
Construction related to wastewater treatment	3,378
Inspection and related activities conducted in septic systems	11,711
Subdivisions for on-site disposal of wastewater approved	1,804
Inspection and other activities done in connection with individual wells	190
Septic tank construction reviewed permits or were issued new permits	304

**Program Name: Wastewater**

Priority Ranking: 10

Percent Expenditures

Wastewater						
	Total		State		Federal	Other
Personal Services	\$986,035	100%	\$554,723	56.3%		\$431,312 43.7%
Operating	\$124,315	100%	\$48,901	39.3%		\$75,414 60.7%
<b>Total</b>	<b>\$1,110,349</b>	<b>100%</b>	<b>\$603,624</b>	<b>54.4%</b>		<b>\$506,726 45.6%</b>

**Program Goal:**

To protect the health and well being of the people of South Carolina and its environment by insuring the proper disposal of wastewater (sewage) produced at individual homes.

**Program Objectives:**

1. To evaluate sites for suitability for individual on-site wastewater disposal systems within 10 working days of receipt of an application;
2. To evaluate all sites found to be unsuitable for conventional on-site systems for all of the alternative and experimental systems available;
3. To inspect for final approval all installed systems within one working day of notification;
4. To respond without delay to all complaints related to on-site wastewater disposal;
5. To examine and permit septic tank contractors and septic tank pumpers;
6. To examine and approve the manufacturing of septic tanks;
7. To examine, evaluate and approve new methods of on-site wastewater disposal; and
8. To inspect and evaluate proposed subdivisions for suitability of using on-site systems as a means of wastewater disposal.

**Performance Measures:**Outputs:

27,905	sites evaluated
20,942	sites suitable for conventional systems
6,193	sites suitable for alternative systems
615	sites not suitable for any system
2.2%	sites not suitable for any system
18,377	installations of conventional systems approved
5,099	installations of alternative systems approved
7,798	complaints related to wastewater investigated
11,331	inspections and related activities conducted to evaluate proposed subdivisions for method of waste water disposal
1,604	inspections and other activities done in connection with individual wells
999	septic tank contractors renewed permits or were issued new permits
304	septic tank pumpers renewed permits or were issued new permits

### Outcomes

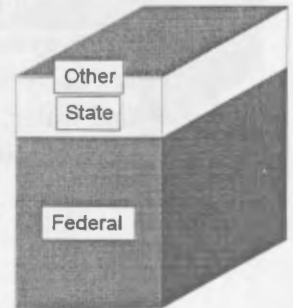
As a result of program efforts, in FY 98, more than 23,000 South Carolina families were able to locate a new home or new business in an area of the state that was not served by a sewerage system. The on-site systems installed protected the families, their neighbors and customers and the environment by safely keeping the wastewater produced from the surface of the ground and out of the ground water. Nearly 5,100 of the systems installed were alternative designs that overcame site limitations that would not have allowed the approval of conventional septic tank systems.

**Program Name: STD / HIV Control (Venereal Disease Control)**

Priority Ranking: 11

Percent Expenditures

Venereal Disease Control								
	Total		State		Federal		Other	
Personal Services	\$3,827,227	100%	\$1,875,431	49.0%	\$1,840,272	48.1%	\$111,523	2.9%
Operating	\$12,440,121	100%	\$2,072,854	16.7%	\$10,331,460	83.0%	\$35,808	0.3%
Public Assistance	\$483,183	100%	\$298,098	61.7%	\$176,353	36.5%	\$8,732	1.8%
Distributions	\$90,417	100%			\$90,417	100.0%		
Total	\$16,840,948	100%	\$4,246,383	25.2%	\$12,438,501	73.9%	\$156,063	0.9%

**Program Goals:**

To collaborate with community, state and national partners to prevent the spread of sexually transmitted diseases and HIV infection and associated illness and death, and to provide care and support resources for persons with HIV disease.

**Program Objectives:**

1. Continue conducting surveillance activities for sexually transmitted diseases and HIV/AIDS cases for monitoring the epidemics, implementing follow-up partner notification and treatment services, and planning prevention and care programs.
2. Continue implementing a statewide HIV prevention community to conduct an on-going planning process that includes needs assessment and prioritization of interventions and target populations.
3. Continue providing confidential STD and HIV counseling, testing, referral and partner notification services in each county health department.
4. Continue providing targeted, culturally relevant education and outreach programs to persons at greatest risk for STD's and HIV infection through state and local health departments and contracts with community organizations.
5. Provide funding and technical support to eight local HIV prevention collaborations to plan and conduct a continuum of community level interventions to address priority prevention needs, with particular emphasis on reaching high risk youth.
6. Administer federal Ryan White CARE Act Title II funds and continue providing funding and technical assistance to eleven local HIV care consortia to provide primary medical care, medications, home health, case management, transportation, food, housing assistance, and drug assistance services to persons with HIV disease.
7. Continue providing statewide HIV/AIDS drug assistance program which provides medications to qualifying persons with HIV disease.
8. Administer federal Housing Opportunities for Persons With AIDS (HOPWA) funds and continue providing funds to local HIV care consortia to provide short term housing assistance such as rent, mortgage and utility payments to qualifying persons with HIV disease and their families.



**Performance Measures:**Outputs:

1. 98% of reported cases with infectious syphilis received partner notification services in CY 1997.
2. 51% of all FY 98 reported persons with HIV disease were followed up for partner notification services; after screening cases for those who were previously reported positive and are out-of-state, who had died, unable to locate, pending, etc., 86% of the cases received follow-up partner notification services. Of 1129 named partners, 74% were notified, and 92% accepted counseling/referral services.
3. 60,418 visits occurred in local health departments for STD diagnosis and treatment during CY 1996; 37,790 women were screened for chlamydia (infertility prevention) during FY 98.
4. Of 35,317 clients receiving targeted HIV counseling and testing services, 52% were African American, 57% were women aged 13-49, and 60% were persons 13 - 29 years of age; 39% were men during FY 98.
5. 7,175 calls were made to the statewide HIV/AIDS Hotline; about 34% of persons receiving education/counseling from HIV Hotline staff were determined to be at increased risk or HIV infected.
6. During CY 1997, Ryan White care consortia provided services to 6151 persons living with HIV disease and their families (note: this number includes duplicates since an individual may be seen by more than one provider in a consortium). The AIDS drug assistance program (ADAP) served 1,070 clients (nearly double the number served in 1996) and 11,984 prescriptions were filled. At the end of state FY 98, over 200 people were on a waiting list to receive therapies from ADAP.
7. During April 1, 1997 - March 31, 1998 (HUD fiscal year) 3037 persons received short term housing assistance to prevent homelessness and supportive services. The HOPWA program received a Housing and Urban Development 1998 Blue Ribbon Practices in Housing and Community Development John J. Gunther Award for its continuum of care services.

Outcomes:

1. Annual incidence rates of primary/secondary syphilis by year 2000:
 

Standard	18 / 100,000 population
Actual FY 98	8.3/ 100,000 population
2. Annual incidence rates of congenital syphilis by year 2000:
 

Standard	1.75 / 1000 live births
Actual FY 98	0.46/ 1000 live births
3. Annual incidence rates of gonorrhea by year 2000:
 

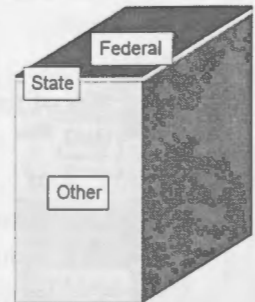
Standard	275 / 100,000 population
Actual FY98	305.7/ 100,000 population
4. Annual incidence number of diagnosed AIDS cases by year 2000:
 

Standard	1,333 cases
Actual FY 98	767 cases
5. Annual incidence number of reported HIV infection cases by year 2000:
 

Standard	800 cases
Actual FY 98	1126 cases

**Program Name: Health Laboratory****Priority Ranking: 12****Percent Expenditures**

Laboratory								
	Total		State		Federal		Other	
Personal Services								
Operating	\$2,421,158	100%	\$45,995	1.9%	\$29,164	1.2%	\$2,345,999	96.9%
Total	\$2,421,158	100%	\$45,995	1.9%	\$29,164	1.2%	\$2,345,999	96.9%

**Program Goal:**

To provide rapid, high quality, cost-effective laboratory diagnostic testing, training, assessment, and consultation and by that assure efficient delivery of services to protect and improve the health of the people of South Carolina and their environment.

**Program Objectives:**

1. Provide assessment and monitoring of the status of South Carolinians, through diagnostic testing and surveillance.
2. Identify correctable inborn errors of metabolism and hemoglobin variation in newborns enabling appropriate systems to provide necessary remediation, eliminating the costs of institutionalizing or otherwise caring for these children.
3. Provide testing for the detection of environmental health related illnesses such as lead poisoning and contamination of the milk and food supply. These findings are integrated with program activities to reduce risks to the citizens and to correct damage already done.
4. Detect emerging infectious diseases before they become established and control becomes difficult. Provide public and private facilities with access to sophisticated diagnostic procedures not available in the private sector for identification of rare illnesses, and the diagnoses of deadly diseases such as rabies and tuberculosis while medication can still be effective.
5. Provide cervical cytopathology (Pap smears) for Agency programs assuring the availability of this critical service to women seen in public clinics.
6. Provide statewide logistic support for the distribution of supplies needed by the local health departments to obtain testing, and for the distribution of vaccine throughout the state, facilitating easy access for children state wide.
7. Provide quality, relevant instruction in new techniques to the clinical facilities and professional community in and outside state government. This assures that patient directed, clinic based, testing is performed correctly and in the most efficient manner possible. Make consultation on regulatory and quality assurance matters available to all laboratories in South Carolina.
8. Assure that staff members working with deadly pathogens and chemicals do so in as safe an environment as possible complying with Federal and State regulation.

**Performance Measures:**Outputs:

The Laboratory provided 1,775,016 examinations on 450,894 patient specimens and environmental samples. This represented an increase of 17 percent in the number of examinations and 12 percent in the number of samples. No additional slotted FTE were added. Automation and streamlined production processes were utilized to achieve greater productivity.

Outcomes:

1. Continued a laboratory-based assessment of the reservoirs and vectors of potentially epidemic diseases emerging in the United States during the last ten years. The St. Louis encephalitis virus was identified from samples of the mosquito *Culex salinarius* from Clarendon County. This virus which has not been found in the state for at least twenty years was recently the cause of major outbreaks of St. Louis encephalitis in Florida and Louisiana. This is a potentially deadly virus which can spread quickly if not detected and its vector mosquito controlled and finding it in *C. salinarius* is especially troubling because of the long flight range of this mosquito.
2. One hundred inborn errors of metabolism or serious hemoglobin variants were detected by the Newborn Screening Program and referred for follow up. Most of the detected metabolic errors or hemoglobin variants could result in serious consequences such as severe mental retardation, learning disabilities, and not infrequently death. In some cases as little as two weeks from birth to start of treatment can be the difference between cure and tragedy. Through detection of these conditions in a highly integrated, centralized system, referral can rapidly be made to appropriate agencies to see that these children were properly cared for, avoiding the costs of institutionalization and ruined lives.
3. Lead intoxication leads to retardation, physical weakness and huge loss of potential. In South Carolina, 427 children with elevated blood lead levels ( $\geq 10$  micrograms per deciliter) were identified. Of these children, 50 had levels  $\geq 20$  micrograms per deciliter, requiring immediate action to preserve the child's health. Lead was also found in 322 of 643 specimens from the environment, generally homes built before 1976, where children could have been exposed. Detection permitted clean-up. Had these lead determinations not been made or been made in a nonintegrated system where rapid response was not possible, the damage to these children's learning capacity and future productivity in the state would have been tragic. Unfortunately, funding cuts are crippling this program before its work is complete.
4. The spread of bacteria which cannot be treated with common drugs is a serious problem nationally and in South Carolina. The Molecular Epidemiology Program has worked with a coalition of health care providers to identify the appearance of these deadly strains in their facility, to detect under what conditions they are spread and facilitate focused control. The Molecular Epidemiology Program provided the highly sophisticated DNA based scientific basis for understanding the problem so controls could be applied.
5. During FY96, we tested 2,389 animals for the presence of rabies; 172 were found to be positive. The Bureau of Laboratories is the only place in the state where rabies testing is available. Of the 172 positive animals, 26 involved the significant exposure of a human being. Having rapid, high quality

testing available made effective immunization of the exposed possible. Prompt vaccination is critical to prevent the development of rabies. Of the 2,217 tested animals which were not found to be positive for rabies, 1,161 potentially involved the significant exposure of a human being. Rapid rabies testing prevented these individuals from having to be immunized at approximately \$900 each for vaccine and antiserum. The direct savings to the taxpayers of South Carolina was \$1,044,900 as a result of confidently being able to withhold therapy. This is about three times the cost of the rabies testing program.

6. South Carolina has a high rate of cervical cancer. The key to avoiding death of citizens and huge expenditures for medical care is finding cases while they are in the pre-cancerous phase. The Cytology Program screened 32,239 women by Pap smear detecting 4,726 women with mild conditions which, if not dealt with, could lead to cancer, 866 with infections by the human papilloma (wart) virus which often leads to cancer if not treated, 118 while they were in a very curable, but nonetheless, dangerous stage of pre-cancer and, tragically, four whose tests revealed cancer. While finding four with cancer is tragic, over 5,000 women were found while there was time prevent it.

#### Efficiency/Process:

The data for the cost calculation used previously is not available due to changes in the accounting methods in use by the Agency.

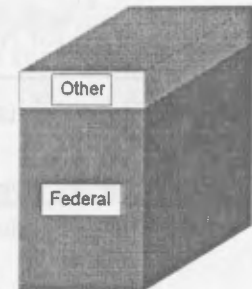


**Program Name: Certification and Inspection of Care**

Percent Expenditures

Priority Ranking: 13

Certification & Inspection of Care						
	Total		State	Federal		Other
Personal Services	\$2,222,222	100%		\$1,843,788	83.0%	\$378,433 17.0%
Operating	\$721,095	100%		\$601,182	83.4%	\$119,913 16.6%
Total	\$2,943,317	100%		\$2,444,970	83.1%	\$498,347 16.9%

**Program Goal:**

The goal is to evaluate and ascertain that health care providers and facilities meet the applicable Federal and State requirements for participation in Medicare/Medicaid reimbursement programs, to ascertain appropriate placement and utilization of services of Medicaid beneficiaries, and maintain the Omnibus Budget Reconciliation Act-mandated Long Term Care Nurse Aide Abuse Registry.

**Program Objectives:**

1. To meet the initial, recertification, complaint and validation survey coverage levels for Medicare/ Medicaid providers and Clinical Laboratory Improvement Act laboratories as required by the federal Health Care Finance Agency. Following the protocol as established by federal regulation, ascertain whether these providers meet the applicable requirements for participation in the Medicare/Medicaid programs and to evaluate their performance and effectiveness in rendering safe and acceptable quality of care.
2. To meet the survey coverage levels for validation of appropriate services and levels of care provided to Medicaid recipients of providers as established through contract with South Carolina Department of Health and Human Services. Following protocol, ascertain whether these providers ensure appropriate services and levels of care.
3. To maintain a toll free telephone line to answer questions and receive complaints regarding home health agencies and other providers.
4. To maintain the nurse aide abuse registry and assessment of nurse aide training and competency evaluation programs.
5. To collect, maintain, and evaluate resident specific assessment information for nursing facilities and home health agencies in S.C.

**Performance Measures**Outputs:

Activity/Survey Type	Number	Required Coverage Level	Required Annual Surveys
Nursing Homes	175	100%	175
ICF/MR	162	100%	162
Home Health	65	70-80%	46-52
Nur.Aide Training	64	50%	32
CLIA Laboratories	520	50%	260
Title 18 Providers*	292	10%	30
Inspection of Care**	155	100%	155

PASRR/ Case Mix	147	100%	147
CLTC	174	100%	174
MDS for NH	175	100%	NA

Complaints: 1,165 allegations received in 708 complaints.

<u>Survey Type</u>	<u>Required Annual Surveys</u>	<u>Surveys Performed</u>	<u>Efficiency</u>
Nursing Homes	175	175	100%
ICF/MR	162	162	100%
Home Health	52	52	100%
Nur.Aide Training	32	32	100%
CLIA Laboratories	260	260	100%
Title 18 Providers*	32	32	100%
Inspection of Care**	124	124	100%
PASRR/ Case Mix	147	147	100%
CLTC	174	174	100%
MDS for NH	175	175 transmissions	100%

Complaints: 536 surveys conducted for 1,165 allegations 100%

\*Accredited and non-accredited hospitals, hospice, outpatient speech pathology/physical therapy, CORFs, rehab facilities, psychiatric hospitals, ESRDs, rural health centers, physical therapists in independent practice, ambulatory surgery centers

\*\* IOC for ICF/MR facilities was discontinued April 1, 1998 as a result of federal legislative changes.

#### Outcomes:

1. 18 long term care providers were found to have been in substantial compliance on annual recertification surveys. Four long term care facilities were found as poor performers or with conditions which could affect the immediate safety and health of their residents.
2. Thirty-eight complaints were substantiated against providers.
3. Thirteen annual recertification surveys for ICF/MRs reflected the citation of no deficiencies. Eight ICF/MRs were found to have the condition of Active Treatment not being provided. Two surveys reflected the condition which could affect the immediate safety and health of residents.
4. One nursing home and one home health agency were decertified in FY 1998.
5. In January, 1998, the South Carolina Department of Health and Human Services contracted with ASI to maintain the NAR. By statute, the Nurse Aide Abuse Registry continues to be maintained within the Certification Section. Twenty-eight names were added to the nurse aide abuse registry in FY 1998. A total of 156 names are maintained on the nurse aide abuse registry.
6. Forty-two (42) formal training sessions were presented by Certification staff during FY 1998 to providers, facilities, and consumer groups.
7. 100% of nursing homes transmitted MDS data within identified time frames.

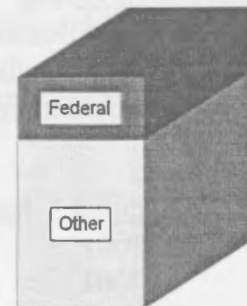
Annual recertification surveys may involve five surveyors for four days. A follow up survey for validation of compliance for a single deficiency may take one hour. Costs per survey vary greatly between provider type, purpose of survey and travel requirements.

**Program Name: Vital Records**

Priority Ranking: 14

Percent Expenditures

Vital Records						
	Total		State	Federal		Other
Personal Services	\$1,854,434	100%		\$400,691	21.6%	\$1,453,743 78.4%
Operating	\$668,562	100%		\$280,170	41.9%	\$388,392 58.1%
Total	\$2,522,997	100%		\$680,862	27.0%	\$1,842,135 73.0%

**Program Goal:**

To provide for the registration and certification of all vital events for the state of South Carolina. To provide services consisting of statistical consultation, data analysis and interpretation, dissemination and analysis of vital statistics, monitoring of health status indices, sample and survey design, statistical computing and statistical model design. To provide for a decision support system for better analysis of spatial information related to public health issues.

**Program Objectives:**

1. To develop, maintain and direct the statewide system of vital statistics, ensuring that the registration system provides reliable and timely descriptive and inferential health statistics statewide and locally on a continuing basis. To provide for a high quality system for certification of vital events.
2. To provide all programs in DHEC with assistance and statistical consultations in data analysis, spatial analysis, sample and survey design, and statistical computer package applications as needed. The intent of the office has been to develop a comprehensive statistical system providing tools that enable work in public health to be based on a documented understanding of needs.

**Performance Measures:****Workload****FY98****Total Certificates Filed: 153,332**

Births	50,615
Deaths	33,639
Fetal Deaths	545
Marriages	43,427
Divorces & Annulments	15,791
Abortions	9,315

**Total Records Queried: 7,536**

Births	1,547
Deaths	3,304
Fetal Deaths	346



Marriages	534
Divorces & Annulments	1,568
Abortions	237

**Certification Services:**

Requests Received (State Office)	101,908
Requests Received (County Offices)	173,742
Adoptions (S.C. Born)	1,738
Adoptions (Foreign Born)	40
Court Orders	1,029
Legitimations	748
Corrections	3,476
Delayed Certificates	948
Paternity Acknowledgments and Administrative Orders	8,208

**Statistical Services:**

Requests for Statistical Data	1,150
Requests for Statistical Analysis & Consultation	340
Reports/Publications Produced	3

**Field Visits:**

County Health Departments	98
Hospitals and Birthing Facilities	77
Funeral Homes and Coroners	26

**Outcomes:**

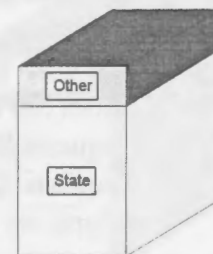
Total Number of All Vital Events Collected & Processed	153,332
Total Number of Certifications	101,908
Total Number of Data Analysis and Consultative Services	1,493
Total Number of Field Visits	201
Percent of Births Registered via Electronic Birth Certificate System	99.9%

**Program Name: Health Facilities Licensing**

Priority Ranking: 15

Percent Expenditures

Health Licensing					
	Total		State		Other
Personal Services	\$1,331,524	100%	\$1,114,209	83.7%	\$217,315 16.3%
Operating	\$290,002	100%	\$163,437	56.4%	\$126,566 43.6%
<b>Total</b>	<b>\$1,621,526</b>	<b>100%</b>	<b>\$1,277,646</b>	<b>78.8%</b>	<b>\$343,881 21.2%</b>

**Program Goal:**

To ensure that the patients, residents, clients and participants receiving services from licensed activities are provided appropriate services in a manner and environment which promote their health, safety and welfare.

**Program Objectives:**

1. To establish standards regarding implementing, maintaining, and conducting activities which contribute to the program goal.
2. To evaluate licensed and proposed activities in comparison with established standards.
3. To require activities to meet established standards so that they actually provide services and facilities which promote their client's health, welfare and safety.
4. To ensure facilities are constructed according to approved plans.

**Performance Measures:**Output:

Number of Regulations Utilized by the Section.....	16
Number of Regulations Undergoing Revision.....	4
Number of Provider-Wide Exceptions Issued.....	2
Number of Exception Requests Processed.....	35
Monetary Penalties Initiated.....	19
License Revocations Initiated.....	2
Denial of Regular License Initiated.....	2
Denial of License Renewal.....	1
<b>Total Sanctions Imposed.....</b>	<b>24</b>
Number of Inspections Performed.....	1433
Number of Investigations Conducted.....	*869
Number of Consultation Visits Provided.....	298
<b>Total Number of Visits Performed.....</b>	<b>2600</b>
Plan Reviewed.....	388
Telephone Consultations.....	12477

Construction Inspections.....	486
Fire & Life Safety Inspections.....	1029

**Total Number of Licenses Issued & Activities Monitored..... 1522**

**Outcomes:**

1. A total of \*1051 complaints were received during the FY as compared with 745 during the previous FY. This represents a 41% increase in complaints received.
2. The percentage of complaints investigated within ten days of receipt... (These figures not available at this time. We will provide at a later date.)

\*(Note: The number of investigations and the number of complaints do not necessarily coincide on a 1 to 1 basis as several complaints against one activity may be investigated on the same date.)

**Program Name: Independent Living**

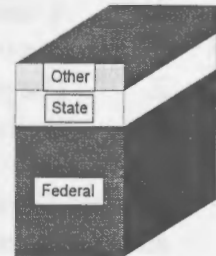
Priority Ranking: 16

*Independent Living includes: BabyNet, CLTC/ Personal Care Aides, Children's Rehabilitative Services, and Home Health Services.*

**BabyNet**

Percent Expenditures

<b>BabyNet</b>							
	<b>Total</b>		<b>State</b>		<b>Federal</b>		<b>Other</b>
Personal Services	\$1,367,818	100%	\$590,764	43.2%	\$647,477	47.3%	\$129,576 9.5%
Operating	\$3,097,513	100%	\$236,178	7.6%	\$2,370,337	76.5%	\$490,998 15.9%
Public Assistance	\$17,396	100%	\$458	2.6%	\$16,443	94.5%	\$496 2.9%
<b>Total</b>	<b>\$4,482,726</b>	<b>100%</b>	<b>\$827,400</b>	<b>18.5%</b>	<b>\$3,034,257</b>	<b>67.7%</b>	<b>\$621,070 13.9%</b>

**Program Goal:**

Through public/private partnerships, enhance the development of infants and toddlers with developmental disabilities and minimize the potential of developmental delay.

**Program Objectives:**

1. Through SC's News Network, daily radio announcements will promote the BabyNet Program.
2. Through Family Connections, Inc., one-on-one parent support will be available at all times for all parents of BabyNet eligible children in South Carolina.
3. Through Pro-Parents, parent training about local transition procedures will be available for parents of BabyNet eligible children who are turning age three.
4. Through University of South Carolina's Early Intervention Technical Assistance Collaborative, parents and professionals will receive technical assistance, training and information addressing pertinent issues about caring for young children with developmental delay.
5. Through the Medical University of South Carolina, parents and professionals will receive technical assistance, training and information about the appropriate use of assistive technology with infants and toddlers.
6. Through the State Interagency Coordinating Council and its committees, parents and professionals will work together to strengthen BabyNet, SC's system of early intervention for infants and toddlers.
7. Through a collaborative effort between DHEC and the Universal Newborn Hearing Advisory Council, a plan will be developed and implemented by the Year 2000 which provides hearing screens for all newborns and early intervention when hearing loss has been determined.
8. Through the School for the Deaf and Blind, children with hearing and vision loss will receive specialized intervention services.
9. Through BabyNet Coordinators in the Health Districts, infants and toddlers with developmental delay and their families will be identified, evaluated for eligibility, and assessed for program planning. Planning for services will be outcome-based, coordinated and measured as identified on the child's IFSP. Children will be transitioned to other programs



- at age three.
10. Through local fiscal agents, payments for early intervention services will be made when no other payment source is available.
  11. Through the BabyNet Central Office management team, the BabyNet system will be monitored, supervised and evaluated.

**Performance Measures:****Outputs:**

1. South Carolina Radio Network aired 4320 Paid Radio spots and 4224 PSA promoting BabyNet Programs during peak listening hours through 48 radio stations covering all areas of South Carolina. 3108 children were referred to BabyNet during this reporting period.
2. Through Family Connection, 11207 hours of one-on-one contacts by trained parents provided 655 families with support in times of crisis, transition and other stressful events.
3. Through Pro-Parents, one local training provided parents and providers with information about how to effectively transition from the BabyNet Program to preschool programs once a child reaches age three. Development of training materials occurred during this reporting period.
4. In order to build the skills and knowledge of field personnel, Early Intervention Technical Assistance Collaborative (EITAC) provided 86 In-Services/training sessions for 849 parents and providers. Currently there are 174 persons with an up-to-date early intervention credential; a total of 367 applications have been received. Neuro-developmental treatment (NDT) training was provided to 50 therapists. Preparations for Institute of Higher Education were completed which targeted early intervention Curriculum recommendations for course work in South Carolina colleges and universities' appropriate fields of study.
5. In order to build the skills and knowledge of field personnel in the area of Assistive Technology, Medical University of South Carolina (MUSC) provided numerous training and Technical assistance training to 346 parents, providers and students.
6. Through Interagency Children's Council and its committees, parents and professionals worked together to strengthen BabyNet, South Carolina's system of early intervention for infants and toddlers. The following is a sampling of the many efforts which took place during this reporting period:

**Child Find/Access Task Force**

- Presentation by Earl Hunter, DHEC about the South Carolina Legislative Process.
- Presentation about reaching the non-reader by Literacy Council.
- Presentation by Clemson Extension about reaching rural families.

**State Interagency Children's Council**

- Building awareness of new initiatives and maintaining progress report of State agencies' early intervention efforts.
- Distribution of materials/handbooks specific for infants and toddlers with developmental delay.
- Presentation of Success by Six and Early Head Start

**Governor's BabyNet Children's Council**

- Presentation from the Department of Social Services about TEFRA/Katie Beckett Waiver for Medicaid eligibility.
- Workshop by Clemson University about group leadership skills.

### Local Children's Council

- In-service Education for Parent Literacy
  - Link with Ministerial Associations
  - Braille Picture Books Project with Public Libraries.
  - In-service Education with Child Care Providers.
  - Local TV spots.
  - Review of written local procedures for BabyNet intake and referrals and transition at age 3. Special attention about referral procedures for infants found with significant hearing loss through "First Sound".
  - Presentations to Physicians, Hospitals, Schools, and Child Care Centers.
  - Links to housing projects.
7. The "First Sound, Infant Hearing Screenings" Advisory Council with coordination by DHEC has developed and implemented a pilot project in 8 hospitals which began screening April 14, 1998. These hospitals provided hearing screens for all newborns prior to discharge. 544 screening occurred during reporting period. The pilot end date is October 1999. The pilot goals include:
- A. Conduct an infant hearing screening pilot demonstration project of policies and procedures in the following 8 hospitals: Baptist Medical Center in Easley, Oconee Memorial Hospital in Oconee, Grand Strand Regional Hospital in Myrtle Beach, Medical University of South Carolina in Charleston, Palmetto Richland Hospital in Columbia, Self Memorial in Greenwood, Spartanburg Regional Medical Center in Spartanburg, and Tuomey Regional Medical Center in Sumter.
  - B. Screen approximately 12,000 infants during pilot period.
  - C. Collect data of all screenings completed in pilot hospitals during pilot period.
  - D. Introduce legislation by January 2000.
  - E. Begin early intervention services before 6 months of age for infants identified with significant hearing loss.
  - F. Build awareness of issue through customized educational approaches to specific groups.
  - G. Provide Technical Assistance to other hospitals who are interested in implementing infant hearing screening.
8. Through South Carolina School for the Deaf and Blind, children with hearing and vision loss received specialized intervention services through 1000 home visits, with approximate caseload of 300 during this reporting period.
9. Through Health Districts, 2,893 infants and toddlers with developmental delay and their families were identified, evaluated for eligibility and assessment for program planning. 693 children were transitioned to other programs at age 3.
10. Through 13 local fiscal agents, \$1,156,766.31 of federal funds were authorized for payment of early intervention services for children in BabyNet Program as payor of last resort.

### Outcomes:

1. Parents of young children with developmental delays referred to BabyNet.
2. Parents with infants and toddlers who have developmental disabilities receive parent-to-parent support in times of crisis, transition or other stressful events.
3. Parents of BabyNet children will be knowledgeable about local transition procedures to

- preschool and Head Start by the time their child reaches age three.
4. Infants and toddlers with developmental delays receive services from trained personnel.
  5. Service providers are knowledgeable about how infants and toddlers with developmental delays are enabled with the use of assistive devices and services.
  6. All infants and toddlers with developmental delays are identified and receiving services in their communities.
  7. Children with hearing loss are identified before their first birthday.
  8. Children with hearing and vision loss are developing communication and language skills in preparation for preschool at age 3.
  9. All infants and toddlers with developmental delay (1.5 to 2.0 of all live births) are served within specified time lines by the BabyNet system.
  10. All infants and toddlers with developmental delay receive the early intervention services they need, regardless of payment source and parent's inability to pay. BabyNet is payor of last resort.
  11. Federal mandates, audit requirements and other quality indicators are met and documented.

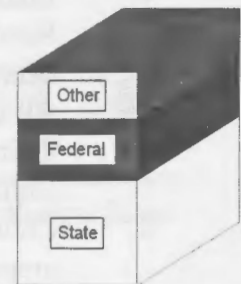
Quality:

1. To meet Federal requirements BabyNet Central Office submitted Federal data reports, OSEP annual reports, and drafted IDEA Federal grant application in preparation for Public Hearings in July 1998 (Grant awarded September 1998).
2. To improve fiscal accountability, and to meet audit requirements, BabyNet initiated steps to centralize fiscal responsibilities.
3. To improve policy compliance, program policies and procedures have been revised in preparation for the revision of the BabyNet Program Procedure Manuals and orientation activities.
4. To streamline paperwork, forms were revised with customer input and follow-up staff training.
5. To ensure an effective system of care at the community level, local written procedures for intake and referral and transition at age 3 were reviewed, evaluated and revised as necessary.

**Children's Rehabilitative Services**

Percent Expenditures

Children's Rehabilitative Services								
	Total		State		Federal		Other	
Personal Services	\$4,676,977	100%	\$1,324,199	28.3%	\$1,880,615	40.2%	\$1,472,164	31.5%
Operating	\$1,132,815	100%	\$470,168	41.5%	\$575,218	50.8%	\$87,429	7.7%
Public Assistance	\$4,208,255	100%	\$3,509,164	83.4%	\$220,537	5.2%	\$478,554	11.4%
Camp Burnt Gin	\$185,590	100%	\$183,604	98.9%	\$1,986	1.1%		
<b>Total</b>	<b>\$10,203,637</b>	<b>100%</b>	<b>\$5,487,135</b>	<b>53.8%</b>	<b>\$2,678,355</b>	<b>26.2%</b>	<b>\$2,038,147</b>	<b>20.0%</b>

**Program Goal:**

The goal is to provide a leadership role in the development of habilitative and rehabilitative services in the delivery system for children with special health care needs (CSHCN); to assure that these services are community based, family centered, coordinated, and culturally competent; to provide a therapeutic recreation experience for children with special health care needs; to provide blood and blood products for home based infusion to low income hemophilia patients; to provide regional specialty clinics to serve adults who have sickle cell disease; and to ensure that appropriate genetic services are available to medically needy and under served persons.

**Program Objectives:**

Create an infrastructure which assures access to and availability of medically therapeutic services to CSHCN by:

1. Identifying, screening, and assessing children for services.
2. Purchasing of necessary medical services, i.e. physician services, pharmaceuticals and medical supplies, therapy services, audiology, diagnostic evaluations, durable medical equipment, assistive technology, orthodontia, in and outpatient hospitalization, blood and blood products, lab and x-ray services, genetic and sickle cell counseling.
3. Providing a statewide network of interdisciplinary specialty clinics.
4. Providing ancillary medical services i.e. registered dietician and medical social work and assuring strong linkage with other community services by providing care coordination, family training and parent support;
5. Partnering with service providers, i.e. hospitals, physicians, and other service providers;
6. Assuring that standards of care are maintained;
7. Providing therapeutic recreation camp;
8. Planning, implementing, and expanding systems of care for identified unmet needs. For Adult Hemophilia patients provide blood and blood products and for Adult Sickle Cell provide access to medical services.



**Performance Measures:**Outputs:

1. The number of admissions into the CRS program was 1,806 new patients.
2. The active case load enrolled on the CRS program at the end of FY 97-98 was 10,523.
3. The total number of patients served by CRS during FY 97-98 was 8,063.
4. The CRS program held 140 clinics per month.
5. The CRS program has developed 18 Partnerships with private medical providers across the state.
6. The number of CRS patients who were identified and were Medicaid eligible in FY 89-90 was 3,337, or 34% of all CRS patients; the number of CRS patients who were identified and were Medicaid eligible in FY 97-98 was 8,317, or 79.0% of all CRS patients.
7. The earned revenue (from Medicaid and private insurance) for CRS program services in FY 89-90 was \$462,165; the earned revenue (from Medicaid and private insurance) for CRS program services in FY 97-98 was \$781,738.
8. The active case load increased from 9,816 patients in FY 89-90 to 10,523 in FY 97-98.
9. The number of new admissions into CRS changed from 2,263 in FY 89-90 to 1,806 in FY 97-98 due to stricter eligibility criteria.
10. The number of patients served by CRS changed from 10,256 in FY 90-91 to 8,063 in FY 97-98 due to case management services not being reported in the CRS Data System.
11. The earned revenue (from Medicaid and private insurance) for Hemophilia assistance program services increased from \$135,929 in FY 91-92 to \$519,551 in FY 97-98.

Outcomes:

Children with Special Health Care Needs were identified and entered into a system of care. This resulted in:

- Increased access to treatment services
- Increased access to evaluations
- Increased access to coordination services
- Increased access to Multi-disciplinary clinics
- Increased access for therapeutic recreation

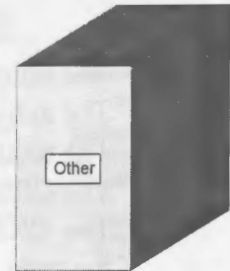
Efficiency/Process:

The cost per patient was \$986.

**Community Long Term Care**

Percent Expenditures

<b>Community Long Term Care</b>					
	<b>Total</b>		<b>State</b>	<b>Federal</b>	<b>Other</b>
Personal Services	\$4,989,251	100%			\$4,989,251 100.0%
Operating	\$1,863,267	100%			\$1,863,267 100.0%
Public Assistance	\$322	100%			\$322 100.0%
<b>Total</b>	<b>\$6,852,841</b>	<b>100%</b>			<b>\$6,852,841 100.0%</b>

**Program Goal:**

1. To restore, maintain, and promote the health status of persons who are in need of home support and assistance with activities of daily living and medical monitoring.
2. To support clients in their homes and communities, thereby preventing costly institutional care.
3. To provide paraprofessional support activities to other program areas of the health department system.

**Program Objectives:**

1. Provide quality support services to clients and families in a timely manner according to contract and program standards.
2. Meet accreditation standards of the National League of Nursing Community Health Accreditation Program.

**Performance Measures:****Outputs:**

1. The program provided 630,603 units of personal care aide services to 1,643 families. Of those units, 14,022 units of service were provided to children and 1,631 units were provided to AIDS/ARC clients. Services were also authorized and provided to clients by the Department of Disabilities and Special Needs.
2. Additionally, 22,997 units of service were provided to self-paying clients, clients with insurance, clients served by the Tuberculosis and Immunization programs, and other programs within the Department.

**Efficiency/Process:**

All funds utilized in this program are earned fees. There is no state support. Utilizing paraprofessionals in services such as Tuberculosis directly observed therapy realizes over 50% savings over the cost of a visit by a health professional.

**Quality:**

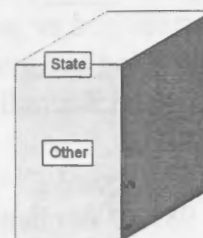
1. Client satisfaction surveys are distributed to a random sample of clients. Of the 214 surveys mailed, 41% were returned with a 100% satisfaction rate.
2. The program maintained its accreditation by the Community Health Accreditation Program

of the National League of Nursing.

### Home Health Services

<u>Home Health Services</u>					
	Total		State	Federal	Other
Personal Services	\$38,812,145 100%	\$40,475	0.1%		\$38,771,670 99.9%
Operating	\$13,490,917 100%	\$178,654	1.3%		\$13,312,263 98.7%
Public Assistance	\$9,024,390 100%	\$47,425	0.5%		\$8,976,966 99.5%
<b>Total</b>	<b>\$61,327,451 100%</b>	<b>\$266,554</b>	<b>0.4%</b>		<b>\$61,060,898 99.6%</b>

Percent Expenditures



#### **Program Goal:**

To provide intermittent skilled and restorative care and social services to persons confined to their homes by reason of illness or injury and to provide supportive services to the families caring for these persons.

#### **Program Objectives:**

1. Provide low cost, high quality services to persons in their own home, thereby preventing institutionalization or inpatient care.
2. Respond in a timely manner to service requests from physicians in order to achieve or maintain optimal health status.

#### **Performance Measures:**

##### Outputs:

In FY 98, the program provided (\*) visits to (\*) families. (\*) of visits met agency timeliness standard.

##### Efficiency/Process:

1.	Productivity:	<u>FY 97</u>	<u>FY 98</u>
	nursing visits/day/ FTE	4.77	*
	aide visits/day/ FTE	6.84	*
	Regional Standard		
2.	Cost:	<u>Cost/visit</u>	<u>(Medicare Cap)</u>
	nursing	\$ 86.02	96.19
	physical therapy	75.70	105.23
	occupational therapy	76.78	105.06
	speech therapy	85.17	105.79
	medical social work	114.22	139.15
	home health aide	36.21	46.73

Outcomes:

The program conducted the following outcome studies: wound care effectiveness; skilled nursing and insulin dependent diabetes; medical social work and community resources; management of indwelling catheters; management of surgical incisions; skilled nursing and IV medications. Home Health also evaluated outcome data on two OASIS data items to determine if patients improved, stabilized or worsened during their stay on Home Health. The data items chosen to assess were bathing and transfer. The program was accredited with highest commendation by the Community Health Accreditation Program.

Quality

98%\*\* of clients who responded to client satisfaction surveys reported they were very satisfied or satisfied with services. The program was accredited with highest commendation by the Community Health Accreditation Program.

\* Indicates that information is not available at this time.

\*\* Third quarter data.

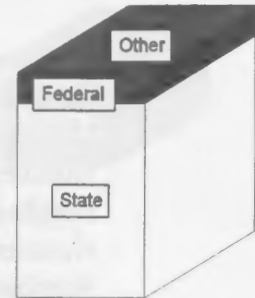


**Program Name: Emergency Medical Services**

Priority Ranking: 17

Percent Expenditures

Emergency Medical Services							
	Total		State		Federal		Other
Personal Services	\$646,693	100%	\$517,800	80.1%	\$128,893	19.9%	
Operating	\$238,547	100%	\$56,950	23.9%	\$179,697	75.3%	\$1,900 0.8%
Distributions	\$1,354,723	100%	\$1,354,723	100.0%			
<b>Total</b>	<b>\$2,239,963</b>	<b>100%</b>	<b>\$1,929,473</b>	<b>86.1%</b>	<b>\$308,591</b>	<b>13.8%</b>	<b>\$1,900 0.1%</b>

**Program Goal:**

To develop, monitor and maintain all components of a system for delivery of appropriate and prompt emergency medical care to the citizens of South Carolina.

**Program Objectives:**

1. Conduct operations which meet the regulatory function of licensing ambulance services and permitting of ambulances, approval of training programs and certification of EMT's, provision of technical assistance to EMS providers, and investigate complaints of improper patient care.
2. Manage and administer the data system for EMS and trauma care. Collect data from prehospital patient care forms and the trauma registries of designated trauma centers. Produce annually a trauma data report and other reports as needed for use in quality improvement, planning, etc.
3. Administer the state grant-in-aid program to county EMS operations. Complete the distribution of funds to county EMS operations by the end of each fiscal year. Funds from this program are used to improve patient care by increasing the training of EMTs and by supplementing the equipment available for care of the patients.
4. Implement and maintain the statewide trauma system to improve care of the injured patient and reduce deaths from traumatic injury by: conducting the annual application cycle for hospitals seeking trauma center designation; conducting trauma center redesignations; developing policies and procedures to improve the trauma system; providing technical assistance to trauma centers and hospitals seeking trauma center designation.
5. Promote injury prevention efforts by coordinating programs and campaigns to reduce deaths and injuries from alcohol and drug-related traffic collisions and improving the use of safety equipment such as bicycle helmets and safety belts. These efforts are part of the EMS Youth Highway Safety Campaign and EMS-Children grants.
6. Reduce the mortality and morbidity of pediatric medical and trauma patients by improving the regional systems of care for the pediatric patient through increased pediatric training opportunities for personnel in the prehospital and hospital emergency setting, improved plans and protocols for treatment and transport to facilities with special pediatric capabilities, and assisting in the development and provision of injury prevention and public education programs throughout the state.

**Performance Measures:****Output:**

Number of initial and refresher certifications completed	2,323
Number of services inspected	207
Number patient care records maintained	568,828
Number of data reports produced	110
Number of trauma center designations	2
Number of trauma center applications received	1
Number of trauma center technical assistance visits	15
Number of trauma center redesignation reviews scheduled	8
Number of records maintained in trauma registry	8,079
Number of organizations assisted in prevention activities	125

**Outcomes:**

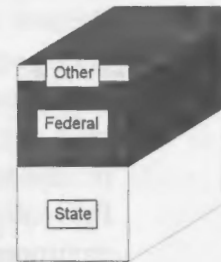
1. The training section recently revised the state approved adult treatment protocols and drug formulary. These revisions were crucial to insure that the most up to date information is available to our field personnel when treating the citizens of our state. The state paramedic written examination has been revised to the most current standards. This process insures that our medics are being tested on the information that is crucial to them performing their jobs effectively.
2. After several years in development the process to redesignate trauma centers was finalized and implementation of this procedure began. Additionally the procedure to designate trauma centers was improved and clarified by the development of standardized forms for use by site reviewers, by requiring training in site reviewer's workshops and by outlining the designation and redesignation policies/procedures in writing for review by hospitals and site reviewers.
3. The EMS for Children program supported training for 495 dispatchers, EMTs, and nurses in pediatric specialty training programs. The EMS for Children legislation was also passed and signed into law this year. This legislation provides for an EMS for Children program to be maintained within the EMS Section to address the special needs of the pediatric patient in the delivery of emergency medical services.

**Program Name: Health Hazard Evaluation**

Priority Ranking: 18

Percent Expenditures

Health Hazard Evaluation								
	Total		State		Federal		Other	
Personal Services	\$465,511	100%	\$228,213	49.0%	\$194,297	41.7%	\$43,001	9.2%
Operating	\$75,601	100%	\$32,854	43.5%	\$40,624	53.7%	\$2,123	2.8%
Total	\$541,112	100%	\$261,067	48.2%	\$234,921	43.4%	\$45,125	8.3%

**Program Goal:**

- 1) Identify and evaluate health threats to the public from exposures to environmental hazardous substances. Recommend public health actions to eliminate or mitigate exposures.
- 2) Identify work sites where workers are being excessively exposed to lead; work cooperatively with SC OSHA to reduce or eliminate these exposures.
- 3) Protect DHEC's employees involved in hazardous waste activities from adverse health effects.
- 4) Control and prevent the spread of diseases from animals to man.

**Program Objectives:**

1. Assess the public health impact from environmental toxic exposures.
  - a. conduct health consultations, public health assessments (PHAs), under a cooperative agreement with the Agency for Toxic Substances and Disease Registry (ATSDR),
  - b. conduct follow-up health studies (e.g. exposure investigations, case studies, cluster analyses), as recommended by these evaluations.
  - c. provide site-specific, public health education for communities.
2. Communicate
  - a. hold public availability sessions and public meetings in communities to discuss and explain the health risks associated with exposures as identified in the health consults or PHAs.
  - b. attend EPA public meetings to serve as a state resource for our public.
3. Technical Resource
  - a. provide the latest, most authoritative technical information to EQC program staff to support their permitting, compliance, and enforcement activities.
  - b. serve as a technical resource to members of the general public, local and state government, academia, the media, and industry.
  - c. develop interim standards for use in regulatory management.
  - d. serve as a technical resource for bioremediation.
  - e. serve as a technical resource concerning indoor air quality. Indoor air complaints related to the worksite are referred to SC OSHA.
4. Collaborate with other DHEC programs
  - a. serve as medical, epidemiological, and toxicological consultants to all EQC programs.



- Respond to concerns/inquiries they receive from the public, from local, state, and federal government officials, and from the media concerning toxic exposures and their health effects. Prepare written opinions on the public health impact to individuals and communities from site-specific exposures. Share these findings with concerned and/or affected parties. Share findings with ATSDR and EPA when exposures are associated with sites that are under both state and federal enforcement actions.
- b. investigate reports of cancer clusters in collaboration with the Division of Cancer Prevention and Control when such occurrences may be associated with exposures to environmental toxic substances.
  - c. coordinate the activities of the adult blood lead surveillance program with the SCDHEC Childhood Lead Poisoning Prevention Program.
5. Collaborate with other State and Federal Programs
- a. Under a cooperative agreement with ATSDR, conduct site-specific activities at sites where environmental toxic substances have been released to the environment. Work closely with ATSDR, EPA, and SCDHEC to assess the public health impact at these sites. Findings are reported in a Public Health Assessment or a Health Consultation. Site-specific documents are freely available from the Division as well as from the Program Evaluation, Records, and Information Services Branch, ATSDR. Follow up health studies and exposure investigations are also conducted under this cooperative agreement.
  - b. conduct statewide adult blood lead surveillance, under a National Institute for Occupational Safety and Health (NIOSH) cooperative agreement, to identify work sites where workers may be excessively exposed to lead. Contact the employees to provide health information about the hazards of lead and to assure that employees are receiving appropriate medical follow up. Work cooperatively with SCOSHA to conduct worksite intervention.
6. Employee Health Service
- a. medical surveillance for approximately 215 employees involved with hazardous waste activities.
7. Other Public Health duties
- a. The State Public Health Veterinarian assists county health departments and rabies control officers in the administration and enforcement of the provisions of the Rabies Control Act. This person also assists in the prevention and control of all other communicable diseases which may be spread from animals to man.

### **Performance Measures:**

#### Workload

- Number of health consultations - 25
- Number of public health assessments - 1
- Number of site review and updates - 0
- Number of exposure studies - 2
- Number of site visits - 40
- Number of availability sessions conducted - 5
- Number of public meetings attended - 22
- Number of requests for technical assistance from the public - 701



Number of toxicological evaluations - 283  
Number of EPA documents reviewed - 6  
Number of Interim drinking water standards established - 11  
Number of ambient air standards recommendations - 8  
Number of technical reviews of bioremediation proposals submitted by industry - 5  
Number of indoor air consultations - 72  
Number of cancer cluster field investigations - 4  
Number of adult blood lead greater than 25  $\mu\text{g}/\text{dl}$  reported to NIOSH - 217  
Number of blood lead results reported to SCDHEC from industry - 2,960  
Number of employees followed by medical surveillance: 254  
    Hazardous waste/emergency response - 155  
    Asbestos - 19  
    Radiation - 80  
    Medical waste - 2 (These two workers are also monitored under the Hazardous waste/emergency response category)  
Number of responses to animal bites suspected of transmitting rabies - 217  
Number of responses to concerns about disease transmission from animals to man - 17  
Number of requested reviews of animal vaccines for distribution in South Carolina - 0  
Number of policies established to control disease transmission from animals to man - 1

Efficiency: Average cost for technical consult - \$500/consult  
Average cost for ATSDR Public Health Assessment - \$5000  
Cost for medical surveillance: (annual exams)  
    Hazardous waste/emergency response worker - \$239/visit  
    Asbestos, radiological, medical waste worker - \$66/visit

Outcomes:

The Division of Health Hazard Evaluation continues to be solely responsible for assessing the public health impact of environmental health threats in South Carolina. This year, in particular, we directed our efforts toward community involvement activities. In the past, much of the controversy that usually surrounded our agency's involvement in highly-charged, high-profile environmental issues resulted from agency failure to involve the public early in the investigation or remediation of a site. The delay in agency response usually heightened community outrage, polarized communications, and undermined our credibility. We believe that early involvement with communities allows us to gather those concerns that need to be considered when developing remedial and/or enforcement actions. In addition, it also demonstrates to the communities our concern for their safety, health, and welfare. On average, we will meet with a community within a few weeks of the initial contact. These meetings are widely publicized. If necessary, we will conduct mass mail outs. Ongoing meetings afterwards, along with site fact sheets sent via the mail, keeps everyone informed of agency activities. We responded to concerns in four communities this year and were able to address them without the usual controversy and antagonism that usually attended public meetings of the past. We believe that our early involvement with these communities prevented this unnecessary occurrence from happening. We work very closely with the community involvement staff at EPA and with the community involvement/health education staff at ATSDR. Our involvement with these individuals, along with the EPA emergency response and remedial staff and the SCDHEC environmental regulatory staff, ensures that the concerns of the

communities are brought to the attention of the appropriate staff for response. As always, we work closely with local and state government officials since they are a credible source of information for the community and are called on for assistance by constituents .

As a technical resource in the areas of environmental epidemiology and toxicology, we provided the latest technical information from the most authoritative sources, on request. The public most frequently sought our consultation for questions about environmental toxic substances and their health effects. We were asked to make recommendations on how to eliminate and/or mitigate exposures. We were also asked to intercede on their behalf (for example, dealing with school officials, landlords). Our consultation is also heavily sought by both our permitting and compliance/enforcement regulatory staff. We also provided expert testimony in court when legal action was necessary to bring a responsible party under enforcement action. We constantly seek to expand our technical reference files by reviewing professional journals and the technical resources published by ATSDR, CDC, NIOSH, EPA, and professional organizations and foundations. Our contacts with colleagues in other state and federal agencies enables us to gather the lessons learned from environmental problems that occur in other states. This ability to retrieve information has had a significant impact on the environmental management of some of our sites.

We developed additional interim drinking water standards for environmental toxics when federal standards were nonexistent. At the request of the Bureau of Air Quality, we defended several state air toxics standards from challenges by industry. Bioremediation proposals continue to be submitted for review and comment.

Indoor air quality continues to be a concern for our residents. Even though the agency does not maintain an indoor air program, we continue to be called on to address complaints/concerns about indoor air quality, including complaints about indoor air quality in schools. We provide consultation about how to identify the problem and as well as how to rectify it, if possible. Site investigations are not feasible without enlisting the aid of an industrial hygienist, although we have enlisted the aid of our district environmental regulators when it has involved schools. In general, we have been very effective at resolving most of these complaint/concerns. We refer all complaints about worksite air to SCOSHA.

We continue to assist the Division of Cancer Prevention and Control by evaluating cancer clusters for the presence of underlying, causal environmental agents.

With NIOSH support, we have maintained a statewide registry of adult blood lead poisoning cases. We conduct outreach and provide education to these individuals to ensure that they are receiving the proper care and treatment. We were invited to exhibit the activities of this program at several conferences in Columbia to provide informational materials to conference participants. Recently, we were invited by several industries to make presentations to their lead workers about the health effects of lead and the safety and hygienic practices needed to reduce and/or eliminate exposures. We expect this activity to increase in the future, as more lead industries become aware of our service.

The State Public Health Veterinarian along with the State Veterinarian at Clemson University ensure that imported animals will not pose a health threat to our public or our wildlife. The State Public Health Veterinarian also ensures that all animal vaccines for sale and distribution meet acceptable quality

standards. He is frequently called upon to advise the vector control and animal control staff as to the proper disposition of biting animals that are either unvaccinated or improperly vaccinated.



4. To ensure the safety of the public, the Department will continue to monitor and control the spread of rabies in the State. This includes the implementation of the SC Department's Rabies Control Program.
5. To ensure the safety of the public, the Department will continue to monitor and control the spread of rabies in the State. This includes the implementation of the SC Department's Rabies Control Program.
6. To ensure the safety of the public, the Department will continue to monitor and control the spread of rabies in the State. This includes the implementation of the SC Department's Rabies Control Program.
7. To ensure the safety of the public, the Department will continue to monitor and control the spread of rabies in the State. This includes the implementation of the SC Department's Rabies Control Program.

In order to protect and enhance public health through a continuing, dedicated effort, the Department has established the following goals for the year 1998:

- (a) public health protection, enhancement and improvement;
- (b) public health protection, enhancement and improvement;
- (c) public health protection, enhancement and improvement;
- (d) public health protection, enhancement and improvement;
- (e) public health protection, enhancement and improvement;
- (f) public health protection, enhancement and improvement;
- (g) public health protection, enhancement and improvement;
- (h) public health protection, enhancement and improvement;
- (i) public health protection, enhancement and improvement;
- (j) public health protection, enhancement and improvement;
- (k) public health protection, enhancement and improvement;
- (l) public health protection, enhancement and improvement;
- (m) public health protection, enhancement and improvement;
- (n) public health protection, enhancement and improvement;
- (o) public health protection, enhancement and improvement;
- (p) public health protection, enhancement and improvement;
- (q) public health protection, enhancement and improvement;
- (r) public health protection, enhancement and improvement;
- (s) public health protection, enhancement and improvement;
- (t) public health protection, enhancement and improvement;
- (u) public health protection, enhancement and improvement;
- (v) public health protection, enhancement and improvement;
- (w) public health protection, enhancement and improvement;
- (x) public health protection, enhancement and improvement;
- (y) public health protection, enhancement and improvement;
- (z) public health protection, enhancement and improvement;

Total 1998 Goals: 100

The Department has established the following goals for the year 1998:

- (a) public health protection, enhancement and improvement;
- (b) public health protection, enhancement and improvement;
- (c) public health protection, enhancement and improvement;
- (d) public health protection, enhancement and improvement;
- (e) public health protection, enhancement and improvement;
- (f) public health protection, enhancement and improvement;
- (g) public health protection, enhancement and improvement;
- (h) public health protection, enhancement and improvement;
- (i) public health protection, enhancement and improvement;
- (j) public health protection, enhancement and improvement;
- (k) public health protection, enhancement and improvement;
- (l) public health protection, enhancement and improvement;
- (m) public health protection, enhancement and improvement;
- (n) public health protection, enhancement and improvement;
- (o) public health protection, enhancement and improvement;
- (p) public health protection, enhancement and improvement;
- (q) public health protection, enhancement and improvement;
- (r) public health protection, enhancement and improvement;
- (s) public health protection, enhancement and improvement;
- (t) public health protection, enhancement and improvement;
- (u) public health protection, enhancement and improvement;
- (v) public health protection, enhancement and improvement;
- (w) public health protection, enhancement and improvement;
- (x) public health protection, enhancement and improvement;
- (y) public health protection, enhancement and improvement;
- (z) public health protection, enhancement and improvement;

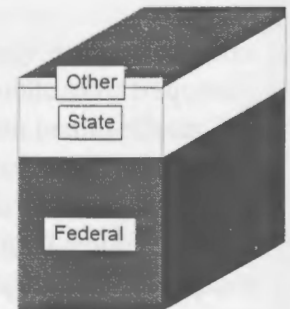


**Program Name: Coastal Resource Management**

Priority Ranking: 19

Coastal Resource Management							
	Total		State		Federal		Other
Personal Services	\$1,931,300	100%	\$696,401	36.1%	\$1,129,229	58.5%	\$105,670 5.5%
Operating	\$1,439,847	100%	\$600,654	41.7%	\$742,595	51.6%	\$96,598 6.7%
Distributions	\$75,885	100%			\$75,885	100.0%	
National Estuary Reserve	\$659,524	100%			\$659,524	100.0%	
Charleston Harbor S.A.M.P.	\$398,982	100%	\$11,491	2.9%	\$387,491	97.1%	
Coastal Zone Education	\$33,375	100%	\$33,375	100.0%			
<b>Total</b>	<b>\$4,538,912</b>	<b>100%</b>	<b>\$1,341,921</b>		<b>\$2,994,723</b>		<b>\$202,268</b>

Percent Expenditures

**Program Goal:**

To carry out three regulatory components of the SC Coastal Zone Management Program:

Direct state permitting of construction activities in the coastal zone critical areas including beaches, sand dunes, tidal marshes and all coastal waters.

Certification of the permitting actions of other State and federal agencies in the coastal zone as being consistent with the SC Coastal Zone Management Plan.

Certification of direct federal actions of federal agencies in the coastal zone.

To execute operational agreements with the two State management agencies for the two National Estuary Research Reserve sites in the State and to expand research capabilities and public opportunities and facilities at these sites through special grants and appropriations.

To attain, protect and enhance healthy public beaches through a recurring, dedicated appropriation and State commitment for (a) public recreational beach renourishment and restoration, (b) public access protection, enhancement and improvement for public beach enjoyment, (c) emergency, storm damage repair/recovery funding for the beach and beach dune system to prevent property damage and promote rapid economic recovery, and (d) annual monitoring of beach erosion conditions. These goals for assuring healthy beaches are in support of the continued growth and viability of the coastal tourist economy and for the benefit of all State residents.

To support coastal science instruction and educational curriculum for all age groups and to offer special courses for the general public, for school science teachers and for students to enhance the public's knowledge and awareness of coastal issues, dynamics and ecology.



**Program Objectives:**

1. To implement and enforce the regulatory, planning and public participation/education goals of the SC Coastal Zone Management Program consistent with the principles of maximum customer service and responsiveness to the public.
2. To provide for agency operations in a cost effective manner consistent with federal and state requirements for program administration and program achievement.
3. To seek a balance, reflective of public values and expectations, in promoting wise coastal development and use of public resources for economic improvement and growth while protecting and enhancing sensitive coastal resources and ecosystems.
4. To manage the unique resources of the State's two National Estuarine Research Reserve sites to conserve these resources, promote visitor appreciation for the coastal environment, and conduct research important to coastal zone management.
5. To support and improve, public beach recreational opportunities for all citizens and visitors for the enjoyment of the public and the growth of the coastal tourism economy.
6. To provide educational opportunities and information to the public and to students and teachers relative to coastal sciences and the environment through the curriculum at the Center for Coastal Ecology at USC-Beaufort, to include special instruction to teachers for enrichment and certification in coastal sciences.
7. To maximize public awareness of coastal issues and concerns, policy considerations and trends and to provide ample opportunities for the public to establish effective exchange with the agency on these issues.

**Performance Measures:**Outputs:

Number of Appeals:	92
Permit Applications Processed:	1,335
Certification Requested Processed:	1,560
Stormwater/Land Disturbance Permits Processed:	1,423
Enforcement Actions:	231

Total Regulatory Actions:	4,641
---------------------------	-------

Outcomes:

The Center for Coastal Ecology has provided a full array of educational opportunities with support from OCRM to include: 310 members of the public receiving course instruction; 312 students from USC Beaufort receiving course credit and/or participating in research at the Center Laboratory on Pritchard's Island; 480 citizens received instruction through a special course on coastal conservation; 103 classroom visits to public schools in the coastal region to provide instruction to students; and,

instruction to 45 teachers during summer enrichment and certification programs for coastal sciences.

OCRM also provided 9 matching grants to local governments for beach access improvements with the total State/local expenditure of these improvements totaling \$212,000.

OCRM conducted 29 public hearings to receive public comment and provide information to the public on a variety of issues and concerns, and issued 78 media news releases to inform the public of important coastal issues and activities.

#### Efficiency/Process:

An estimated 95% of all permits and certifications were acted upon in the required time frame, with the remaining 5% subject to either applicant delays or time extensions requested by OCRM based upon unresolved issues or public request. The total regulatory workload increased by 776 actions, or 20%, with no increase in staff.

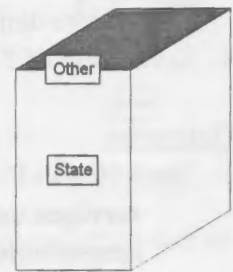
The Center for Coastal Ecology reached an estimated 3,900 individuals through direct hands-on instruction for a State cost of less than \$12 per individual receiving this instruction

**Program Name: Health Facilities and Services Development**

Priority Ranking: 20

Health Facilities & Services Development						
	Total		State		Federal	Other
Personal Services	\$614,375	100%	\$608,299	99.0%		\$6,077 1.0%
Operating	\$373,099	100%	\$372,620	99.9%		\$479 0.1%
<b>Total</b>	<b>\$987,474</b>	<b>100%</b>	<b>\$980,918</b>	<b>99.3%</b>		<b>\$6,556 0.7%</b>

Percent Expenditures

**Program Goals:**

1. Produce a State Health Plan for use in the Certificate of Need program;
2. Issue Medicaid Nursing Home Permits and monitor the compliance of nursing homes with the program requirements;
3. Review Certificate of Need applications in a timely manner in compliance with the regulations; and
4. Review Certificate of Public Advantage applications in accordance with the regulations.

**Program Objectives:**

1. State Health Plan:
  - A. Collect data from all health care facilities annually, compile inventories and calculate projections of need for health care facilities and services; and
  - B. Develop and publish the State Health Plan in conjunction with the State Health Planning Committee and the Board of Health and Environmental Control.
2. Medicaid Nursing Home Permits:
  - A. Collect request forms, process requests and issue Medicaid Nursing Home Permits for all nursing homes participating in the Medicaid program; and
  - B. Monitor the use of Medicaid patient days of all participating nursing homes to ensure compliance with the permit requirements.
3. Certificate of Need Program:
  - A. Review and determine whether the proposal is needed within the regulatory time frame for all Certificate of Need applications; and
  - B. Monitor projects for compliance.
4. Certificate of Public Advantage:
  - A. Review and determine whether the proposal is approvable within the regulatory time frame; and
  - B. Monitor projects for compliance.

**Performance Measures:****Outputs:**

1. State Health Plan: Utilization data are collected annually from approximately 675 health care facilities and used to develop projections of future needs for health care facilities and services. The State Health Planning Committee meets and conducts 4 public hearings during the development and review of the Plan.



2. Medicaid Nursing Home Permits: Processed and issued 145 permits for 4,097,282 Medicaid patient days and monitored compliance with the permit requirements.
3. Certificate of Need Program: In FY98, 74 Certificate of Need applications totaling approximately \$251 million in capital expenditures were reviewed. Of the 74 applications, 66 were approved, 2 were denied and 6 withdrawn before a final decision was made.
4. Certificate of Public Advantage: One application was reviewed and approved during FY98.

Outcomes:

1. State Health Plan: Because the State Health Plan projects the need for health care facilities and services on a local basis, it prevents unnecessary duplication of services and increases the accessibility of these services. The 1998 State Health Plan is currently under development.
2. Medicaid Nursing Home Permits: The program assures that nursing homes meet their requirements. During FY98, approximately 3,950,000 Medicaid patient days were provided, which equates to 96.3% of days authorized. Eighty-three percent of the nursing homes were in compliance with the program requirements.
3. Certificate of Need Program: The Certificate of Need Program ensures that projects are only approved in the specific areas of the state where a defined need has been identified. For the 8 applications that were denied and withdrawn, almost \$29 million in unnecessary capital expenditures was avoided.
4. Certificate of Public Advantage: The Certificate of Public Advantage allows cooperative agreements between health care providers which could otherwise violate federal or state antitrust laws when the benefits outweigh disadvantages caused by their potential adverse effects on competition. The application reviewed during FY98 was determined to be in compliance with the program's requirements.

Quality:

1. Certificate of Need Program: Staff reviewed all applications within the allowable time frames.
2. Certificate of Public Advantage: The application was reviewed within the allowable time frame.

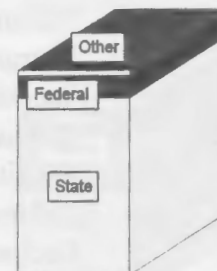


**Program Name: Radiological Monitoring**

Priority Ranking: 21

Percent Expenditures

Radiological Health							
	Total		State		Federal		Other
Personal Services	\$801,060	100%	\$679,184	84.8%	\$96,350	12.0%	\$25,526 3.2%
Operating	\$231,776	100%	\$212,165	91.5%	\$17,001	7.3%	\$2,610 1.1%
<b>Total</b>	<b>\$1,032,835</b>	<b>100%</b>	<b>\$891,349</b>	<b>86.3%</b>	<b>\$113,351</b>	<b>11.0%</b>	<b>\$28,135 2.7%</b>

**Program Goals:**

1. To protect the citizens and environment from the adverse effects of ionizing radiation and to keep radiation exposures as low as reasonably achievable;
2. To improve the diagnostic and therapeutic capabilities of medical facilities using ionizing radiation;
3. To maintain a program for regulation of radiation sources that is adequate to protect public health and safety and is compatible with the U.S. Nuclear Regulatory Commission in order that South Carolina retain its Agreement State status.

**Program Objectives:**

1. To inspect the approximately 3000 facilities and over 6000 pieces of x-ray equipment in accordance with the established priority system;
2. To register and approve new x-ray facilities and equipment. Evaluate operating procedures, qualifications, and shielding designs;
3. Ensure all interactions with the regulated community, general public, and co-workers are carried out in a courteous, efficient, and professional manner;
4. Help reduce the effects of breast cancer by improving early detection capabilities and ensuring facilities are in compliance with the Federal Mammography Quality Standards Act;
5. To calibrate all Bureau radiation and detection and measurement instruments as well as those received from other states and institutions;
6. To license and inspect the approximately 330 facilities utilizing radioactive material in accordance with regulatory guides, current regulations, and established licensing and inspection criteria;
7. To track and inspect out-of-state licensees who bring radioactive sources into South Carolina under a reciprocal license recognition agreement;
8. To track the distribution of approximately 8000 generally licensed devices containing radioactive material at approximately 2000 facilities statewide in accordance with established procedures;
9. To respond to incidents involving radioactive materials licensed by the Program and to assist in responding to incidents at fixed nuclear facilities statewide.

**Performance Measures:****Outputs:**

Facilities inspected	898
X-ray equipment inspected	2081
New facilities registered	156
New equipment registered	691
Shielding plans reviewed	364

Facility approvals reviewed	108
Mammography facilities inspected	115
Mammography equipment inspected	158
Instruments calibrated	271
Facilities licensed	85
License amendments	210
Facilities inspected	94
Enforcement actions	28
Reciprocity agreements tracked	263
Reciprocity inspections performed	5
Generally licensed devices tracked	239
Radioactive material incident responses	3
Fixed nuclear facility exercise assist	1

Outcomes:

1. Reduced worker and patient exposure
2. Improved quality of radiographs
3. Improved relations with community
4. Improved quality of mammograms, thus more accurate diagnosis
5. Less individual and environmental exposure to ionizing radiation
6. Prevention of public exposure to radiation

Efficiency/Process:

We are currently unable to determine a cost per unit output due to data storage and retrieval system and combined funding source codes.

Quality:

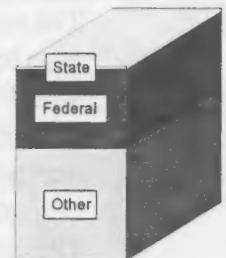
Compliments	28
Complaints	2

**Program Name: Underground Storage Tanks**

Priority Ranking: 22

Percent Expenditures

Underground Storage Tanks								
	Total		State		Federal		Other	
Personal Services	\$1,706,349	100%			\$622,037	36.5%	\$1,084,312	63.5%
Operating	\$839,227	100%	\$34,000	4.1%	\$422,208	50.3%	\$383,019	45.6%
<b>Total</b>	<b>\$2,545,575</b>	<b>100%</b>	<b>\$34,000</b>	<b>1.3%</b>	<b>\$1,044,245</b>	<b>41.0%</b>	<b>\$1,467,331</b>	<b>57.6%</b>

**Program Goal:**

To provide a comprehensive management program for underground storage tank (UST) systems in South Carolina.

**Program Objectives:**

1. Implementation of a state wide comprehensive pollution prevention program through regulation and oversight to insure proper UST system installation, operation, and monitoring such that the frequency and severity of future UST leaks is minimized.
2. To insure proper response to UST releases without delay to be protective of human health and the environment.
3. To serve as trustees of the SUPERB Account and the SUPERB Financial Responsibility Fund which were created to provide UST owners and operators the financial means to respond to UST releases and to assist them in meeting their financial responsibility obligations.

**Performance Measures:**Outputs:

1. Issued 517 UST permits. Additionally, the Division maintained an up to date database for 41,373 active and closed UST systems.
2. Performed 3,131 UST facility compliance inspections, 459 UST abandonment inspections and 146 new UST installation inspections.
3. Reviewed and processed 4,363 UST closure, assessment, and corrective action plans and reports. The average time to review closure, assessment and corrective action plans was 28 days and the average time to review an invoice associated with a report was 1.6 days.
4. Processed 1,753 invoices totaling \$15,073,238.65 for payment from the SUPERB Account. At the end of FY 98, 1,446 sites were either in monitoring, assessment or cleanup.
5. Processed 703 enforcement cases and resolved 434 cases.

Outcomes:

1. Compliance: As of the end of FY 98, 26,893 substandard USTs have been properly closed and 9,047 active USTs are equipped with the proper technology. There are 5,433 active USTs that still require action.
2. Corrective Action: As of the end of FY 98, 6,491 releases were confirmed and 2,598 confirmed releases were closed. A total of 307 confirmed releases were closed in FY 98. This is a 121%

increase over the number of releases closed in FY 97.

#### Efficiency/ Process:

1. The number of UST permits issued increased 28% over FY 97 (403 in FY 97). The average time to process a UST permit in FY 98 was two work days. This processing time was consistent with FY 97.
2. The number of inspections decreased 7.5% from FY 97 (3386 inspections in FY 97). The number of abandonment inspections increased 55% over FY 97 (296 in FY 97). The number of installation inspections increased 45% over FY 97 (101 in FY 97).
3. The number of plans and reports reviewed increased 16% over FY 97 (4,363 in FY 98 versus 3,748 in FY 97). Despite an increase in the number of reported releases, the total percentage of completed cleanups increased by 2%. (38% in FY 97, 40% in FY 98). There was a 36% increase in the number of facilities with ongoing environmental rehabilitation activities by the year end. (1,076 July 1997; 1,466 June 1998).
4. Expenditures from the SUPERB Account increased 144% over FY 97 payments (\$15,073,238.65 in FY 98 versus \$6,165,751.05 in FY 97).
5. Of the enforcement cases received in FY 98, 65% were resolved within 120 days.

#### Quality:

1. Related to measures but equally as important, quality parameters remain important. In FY 98, increased focus on having an error-free database resulted in fewer than 25 out of 4500 annual invoices being returned due to incorrect mailing addresses (one half of one percent error rate).
2. In FY 98, the 3,131 compliance inspections performed by compliance staff substantiated the program's goal to inspect each active UST facility every eighteen months as both realistic and achievable.
3. During FY 98, the first pay for performance corrective action initiative was completed allaying customers concerns that the agency would not concur with the contract work and close the case. This, coupled with the timely reviews and accurate payments for cleanup related activities, has increased the customers' confidence in the quality of the program and the ability to constantly meet productivity standards.

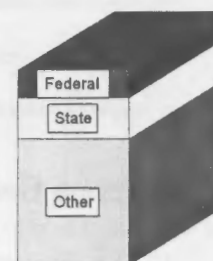


**Program Name: Waste Minimization / Reduction**

Priority Ranking: 23

Percent Expenditures

Waste Minimization / Reduction								
	Total		State		Federal		Other	
Personal Services	\$128,289	100%			\$24,043	18.7%	\$104,246	81.3%
Operating	\$46,666	100%	\$36,441	78.1%	\$1,187	2.5%	\$9,037	19.4%
<b>Total</b>	<b>\$174,954</b>	<b>100%</b>	<b>\$36,441</b>	<b>20.8%</b>	<b>\$25,230</b>	<b>14.4%</b>	<b>\$113,283</b>	<b>64.8%</b>

**Program Goal:**

To provide technical assistance to generators of hazardous waste, as well as other waste, for the reduction and minimization of that waste in South Carolina.

**Program Objectives:**

1. To provide educational material and technical assistance to businesses to reduce the volume of hazardous waste, as well as other waste, in South Carolina cost effectively; and
2. To provide this service free of charge and by non-regulatory personnel with experience in the industrial workplace.

**Program Measures:**Workload

On-Site Assessments: Government (17) + Industry (64) + Schools (2) = 83

Educational Presentations: Civic/Universities (5) + Government (12) + Industry (8) = 25

Efficiency

Total assistance/technical staff =  $108/3 = 36$  assistance per staff

Outcomes (Based on latest follow-up survey, not necessarily of this reporting period.)

Annual costs avoided/saved by companies receiving assessments: \$6,430,522.

Annual waste avoided/reduced by companies receiving assessments:\*

Non-Hazardous Solid Waste Reduction	427,005 lbs/yr
Hazardous Waste Reduction	89,250 lbs/yr
Hazardous Raw Materials Reduction	13,607 lbs/yr
Air Emissions Reduction	142,007 lbs/yr
Water Use Reduction	94,000 gals/yr

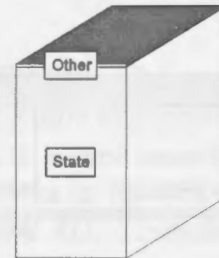
\*of those reporting. Some reported as a percentage of former quantities.

**Program Name: Recreational Waters**

Priority Ranking: 24

Percent Expenditures

Recreational Waters						
	Total		State		Other	
Personal Services	\$350,441	100%	\$344,136	98.2%	\$6,305	1.8%
Operating	\$61,081	100%	\$59,950	98.1%	\$1,131	1.9%
<b>Total</b>	<b>\$411,523</b>	<b>100%</b>	<b>\$404,087</b>	<b>98.2%</b>	<b>\$7,436</b>	<b>1.8%</b>

**Program Goals:**

- 1) To prevent the transmission through swimming water of such diseases as typhoid, paratyphoid, dysentery, hepatitis, conjunctivitis, trachoma, leptospirosis, ringworm infections, schistosomiasis, and infections of the eye, ear, nose and throat.
- 2) To prevent accidents, drownings and chemical exposures that can occur due to insufficient safety precautions at public recreational water facilities.

**Program Objectives:**

1. To ensure that all new and modified public recreational water facilities in South Carolina are designed and constructed in accordance with approved standards; and
2. To ensure the proper operation and maintenance of recreational water facilities through a program of inspection and monitoring to determine the condition of and the water quality in these facilities.

**Performance Measures:**Workload:

Number of Permit applications received:	252
Number of Construction Permits issued:	254
Number of Modifications to Existing Pools approved:	239
Number of Operation and Maintenance Inspections conducted on Public Swimming Pools:	27,668
Number of Sanitation and Safety Inspections conducted on Natural Swimming Areas:	202

Outcomes:

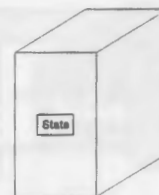
All 254 permit decisions were made within within 15 days.

The effectiveness of the inspection program is measured by the number of repeat violations by a recreational water facility. During FY97, 196 public swimming pools failed to meet standards three or more times. Technical assistance was offered to each of those facilities.

**Program Name: Hearing Aid Board****Priority Ranking: 25**

Percent Expenditures

Hearing Aid Board					
	Total		State		Other
Personal Services	\$350	100%	\$350	100.0%	
Operating	\$471	100%	\$471	100.0%	
<b>Total</b>	<b>\$821</b>	<b>100%</b>	<b>\$821</b>	<b>100.0%</b>	

**Program Goal:**

To guide, advise, and make recommendations to the Department.

**Program Objectives:**

1. Prepare hearing aid specialist licensure examinations for the Department;
2. Assist the Department in carrying out §40-25-10 of the Code;
3. Record Commission meeting proceedings;
4. Maintain a register of persons licensed;
5. Prepare a report each year to the Governor of all of the Commission's official acts during the preceding year.

**Performance Measures:**Output:

The Commission met once during FY98 in Columbia to conduct the required annual meeting. The Commission also met in Columbia on three additional dates to administer the practical examination to a total of 15 applicants.

Outcomes:

The Commission passed three examinees who then applied for and were issued licenses to fit and sell hearing aids in South Carolina.

Efficiency/Process:

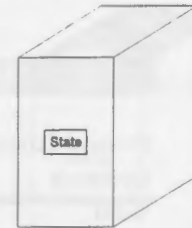
Three meetings for a total cost of \$525 (per diem - includes lunch) + \$961 (travel) = \$1486;  $\$1486 \div 15 = \$99$  per examination/examinee.

**Program Name: Tanning Facilities**

Priority Ranking: 26

Percent Expenditures

Tanning Facilities					
	Total		State		Other
Personal Services	\$85,919	100%	\$85,919	100.0%	
Operating	\$31,937	100%	\$31,937	100.0%	
<b>Total</b>	<b>\$117,856</b>	<b>100%</b>	<b>\$117,856</b>	<b>100.0%</b>	

**Program Goal:**

To minimize the adverse health effects from using indoor tanning devices. These effects include erythema (sunburn), cataracts, retinal burns, destruction of the connective layer of the skin, and skin cancer (especially melanoma).

**Program Objectives:**

1. To register and inspect 100 percent of the 868 facilities and 2764 devices annually for regulatory compliance; and to respond to any consumer complaint concerning the indoor tanning industry;
2. To ensure all operators of tanning equipment are knowledgeable about the operation of the equipment and the biological effects of ultraviolet radiation.

**Performance Measures:**Outputs:

1. The program inspected 653 facilities and 2047 tanning devices in 1997-1998. There were 212 new facilities and 815 new devices registered. Additionally 212 applications for registration were reviewed.
2. Through both the inspection and registration processes, 865 facilities were insured of having properly trained operators in the following:
  - a. Regulatory requirements;
  - b. Facility and equipment operating procedures;
  - c. Recognition of injury and overexposure to ultraviolet radiation;
  - d. Determinations of skin type, duration of exposure, and spacing of exposures;
  - e. Biological effects of ultraviolet radiation;
  - f. Knowledge of photosensitizing agents;
  - g. Procedures for sanitizing eyewear and equipment; and
  - h. Emergency procedures.

Outcomes:

- \* 2047 tanning devices were brought into compliance which resulted in a minimizing of exposure to ultraviolet radiation for citizens using these devices.
- \* Having 865 facilities trained results in lower ultraviolet radiation exposure to consumers thus lowering the risk of adverse health affects.

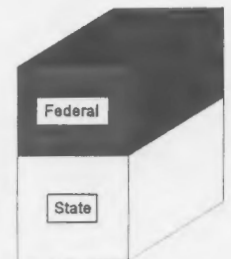


**Program Name: Rape Violence Prevention**

Priority Ranking: 27

Percent Expenditures

Rape Prevention					
	Total		State		Federal
Personal Services	\$20,972	100%			\$20,972 100.0%
Operating	\$7,439	100%			\$7,439 100.0%
Public Assistance	\$1,157,731	100%	\$629,008	54.3%	\$528,723 45.7%
Distributions	\$18,091	100%	\$18,091	100.0%	
<b>Total</b>	<b>\$1,204,233</b>	<b>100%</b>	<b>\$647,099</b>	<b>53.7%</b>	<b>\$557,134 46.3%</b>

**Program Goal:**

To reduce risk of sexual victimization, to increase awareness regarding sexual assault, and to provide crisis intervention and follow-up services to sexual assault victims and their families on a 24-hour basis.

**Program Objectives:**

1. Establish surveillance and reporting systems for monitoring sexual assault in S.C.
2. Contract with S.C. Coalition Against Domestic Violence and Sexual Assault to develop performance standards with rape crisis centers.
3. Conduct audits of rape crisis centers to assess quality of victim services.

**Performance Measures:**Outputs:

Number of schools receiving prevention services:	824
Number of students attending presentations:	65,169
Prevention/education programs to community groups:	1,111
Number of individuals attending presentations:	140,628
Public service announcements and media presentations:	98,965
Number of sexual assault volunteer counselors trained:	375
Number of professionals trained:	347

Victim Services: In FY1997-98, rape crisis centers provided services to 6,556 direct clients of which 2,511 were children under the age of 18 years and 3,989 were adults 18 years and over. An additional 56 individuals of unknown ages were served. Also, 3,223 family members and significant others received assistance from rape crisis centers. Therefore, a total of 9,779 individuals received services from rape crisis centers during this period. Much of these services were provided through 15,281 hotline calls.

Outcome, efficiency/process and quality measures:

In FY98-99, DHEC will conduct a workshop on setting outcome, efficiency/process and quality measures for rape crisis centers.

